

## Managing Marketing

### ADA's Guidelines for Practice Success™ (GPS™)

#### SAMPLE COPY TO ACCOMPANY THE PATIENT SATISFACTION SURVEY

Dear (Insert Patient's Name):

We want your feedback. We're interested in learning about your recent visit to (insert practice name).

The information you provide will be anonymous and combined with answers we receive from other patients.

Please let us know what we're doing right, and how we can improve the patient experience, by completing this survey by (insert due date for responses).

Thank you for your valuable input.

Sincerely,

Dentist Name  
Title

*If the email includes commercial content, such as advertising or a message promoting a product or service, comply with the CAN-SPAM Act (for example, CAN-SPAM requires that the email include your physical postal address and instructions for opting out of future emails from you). You must promptly honor any opt out requests.*

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