

Sample Copy to Accompany Print Satisfaction Survey

Dear (Insert Patient's Name):

To provide the best possible service to meet your dental care needs, we would appreciate feedback on your experience in our dental office.

We would appreciate it if you would take a moment within the next week to complete this brief survey about your most recent visit to our practice.

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.