

Daedalus Denture Concepts, Inc.

1024 First Street, Ste. 201
Snohomish, WA 98290
360 568-3200

Patient Feedback Form

Without feedback, it is very difficult for us to know for you, as our patient, what you enjoyed about our office and what changes you would like to see. Please take this opportunity to let us know. Thank you!

We would like for each of our patients to have as comfortable a visit with us as possible. Facets of this goal include our office, our operatories, us as providers and our presentation of information, and your series of office visits. Please let us know what was helpful for you and what would make your experience with us better!

It is also important to us that you are happy with the services we performed for you and the dentures/partials we fabricated for you. Please let us know about these results along with any comments regarding your follow-up care and experiences as well!

Additionally, we have been working on a variety of policies regarding hours of operation, scheduling, payment options, insurance capabilities and follow-up phone calls. We value your comments and ideas on what you appreciate about how our office is run and on procedures that might help us run more smoothly.

Thank you for your time and thoughtful consideration. We will read and carefully consider all the comments and suggestions we receive.

Jeff & Renee