**Homepage Text Questionnaire (Premium)**

The purpose of this questionnaire is to give us a general idea of your practice and the patients you treat. Your answers will help us in our efforts to create unique homepage content and to choose photos and design elements that relate to your patients and your location.

Our copywriters will use your answers to write original content for your site. You will get an opportunity to review and revise this content, but the more you can tell us now, the better the content will be.

**Instructions for saving and sending your questionnaire electronically (*we DO NOT accept faxes*):**

1. Double click on the attached questionnaire document in your email and select “Open”
2. Once the document opens, go to “File” and select “Save As”
3. Save the document on your Desktop with the name “Homepage Questionnaire for Dr. {name}”
4. Complete the questionnaire and hit “Save”
5. Create a new email, choose “Attach File” and select your questionnaire from your desktop
6. Please fill in the subject with Homepage Questionnaire for Dr. {name}”
7. Send to your Sesame Producer prior to you Design Consult.

***\*\*Hand-written, scanned, or faxed documents are not accepted. \*\****

If you need assistance saving, editing, or emailing your questionnaire, feel free to contact me and I will be glad to help you.

1. **Type of Practice** *(orthodontic, dental, cosmetic, pediatric, periodontal, etc):*
2. **Practice Name:** *(Please specify the exactly how the practice name should be written on the homepage.)*
3. **Doctor Name(s): Please include First Name, Last Name, and Degree (DDS/DMD)** *(If there are multiple doctors in the practice, please put them in the order you wish them to be mentioned. Only list doctors whose names you want mentioned on the homepage. If the doctor has a nickname, only mention it if that’s how the doctor wishes to be referred on the homepage.)*
4. **Year the practice opened?**
5. **Areas the practice serves:** *(Top three cities and state only. No neighborhoods, counties, or general areas. Please make sure that the city names are spelled correctly.)*
6. **Demographics** *(Please provide a general demographic, i.e. children, teens, adults, seniors, moms, etc.)*
7. **Describe the reputation your practice has in the communities you serve. Are you known as being friendly, family-oriented, upscale, professional, etc.?**
8. **How do you and your staff create a warm and friendly environment for your patients? What do you do to ensure your patient’s comfort and the comfort of their families?**
9. **What is your practice philosophy? Why do you believe the services you provide are important?**
10. **General services/treatments that you offer and specific products:** *(For example: teeth cleaning, braces for children and adults, Invisalign®, etc.)*
11. **Do you offer a complimentary consultation?**

**What sets us apart?**

1. **What makes your practice truly unique from other practices in the area? Do you offer any unique services, treatments, or technology? How do these services benefit your patients?**
2. **How does your practice provide a unique experience for patients? Why do your patients choose you and not other practices in the area? What does your practice do to make patients feel “special?”**
3. **How do you want your patients to feel when they come to your practice?** *(For example, safe, secure, excited, relaxed, pampered, supported, etc.)*
4. **Do you offer any special practice hours?** *(For example, do you offer early mornings, evenings, weekends, emergency hours, etc.?)*