

Section 3. Overall Satisfaction with Dentures

Overall, how have your new dentures improved the quality of your life?	Significantly Improved	Somewhat Improved	No Change	Somewhat Worse	Significantly Worse
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you noticed other changes in your eating habits, how you feel or how you communicate since you received your dentures?

Is there anything else you want to share about receiving your dentures?

THANK YOU FOR YOUR TIME!

Please Return the Completed Survey Electronically to:

NHMemberOutreach@greatdentalplans.com

Please do not include Personal Health Information on this form.