

WELCOME to the most important person in our practice....., YOU
Please give us your opinion

1. Efficient?

We hope that you found it easy and convenient to make an appointment

Very easy Fairly easy Not easy

2. Waiting time?

When we visit, we provide you with an approximate time that we expect to arrive. Was this time accurate?

Yes Less than 30 minutes early/ late More than 30 minutes early/ late

3. Courtesy?

During your visit, were you treated professionally and with respect by our staff?

Yes, at all times Mostly No, not at all

4. Information?

We hope to always show and fully explain any suggested treatment alternatives and to give you plenty of time and opportunity to ask questions. How satisfied are you that you that we succeeded?

Very satisfied Fairly satisfied Not satisfied

5. Value for money?

It is our policy to provide all patients with a detailed treatment plan and a clear breakdown of costs before any treatment starts. How satisfied are you with the information given to you about the cost of your treatment?

Very satisfied Fairly satisfied Not satisfied

6. Treatment?

How satisfied are you with the outcome of your treatment?

Very satisfied Fairly satisfied Not satisfied

7. Recommendation?

How likely are you to recommend our practice to family and friends?

I already have recommended Quite likely Not likely

8. The dental team explained?

How I can maintain my oral health daily and reduce my risk of Dental disease and oral Cancer.

Very Confident Quite Confident Not Confident

9. Have we got it right or how can we improve?

Please write a few things that you think we should improve or what you liked in our practice:

10. Would you like us to respond to you?

If you would like us to respond, please give your contact details here:

Name:-

Email:-

Telephone No:-