Dental Patient Satisfaction Survey

Please help us improve your care. Fill the checkboxes completely using a blue or black pen. Your answers are anonymous and confidential.

Your experience at our practice

How satisfied were you with each of the following?

Please cross one in each line

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
Ease of booking your appointment	◯	◯	◯	◯	◯
Waiting time	◯	◯	◯	◯	◯
The hygienist	◯	◯	◯	◯	◯
Communication from the dentist	◯	◯	◯	◯	◯
Comfort and pain management	◯	◯	◯	◯	◯
Value for money	◯	◯	◯	◯	◯
Cleanliness of the practice	◯	◯	◯	◯	◯

Recommending us

How likely are you to recommend our practice? *(Please cross one)*

- ◯ Very likely
- ◯ Likely
- ◯ Neutral
- ◯ Unlikely
- ◯ Very unlikely

Anything else

Any other comments?

Thank you for your feedback. Please return this form to the reception desk.

To respond ⊗ or ●

DRFT 0001