

Family Dental Health Centre

Patient Satisfaction Survey

At the Family Dental Health Centre your opinions are important to us this is why we are asking you to fill out this Survey.

Please Tick or circle as appropriate.

Once you have filled the survey out please place in the box provided in reception.

Name - _____ (optional)

Contact Details

Please circle Yes if you would like our practice manager to contact you about any issues raised.

Yes No

What Dentist did you see today - Ian Henning Julie Peng

Date of visit - _____

1) Was our staff caring and Friendly Y N

Comments –

2) Were there any questions or concerns that were not taken care of in a timely manner?

Y N

Comments -

3) Did the cleanliness of infection control of our practice meet your expectations?

Exceeded your expectations –

Meet Expectations –

Below Expectations -

4) Comments on the atmosphere and décor of our reception area.
Comments –

5) Were your fears about dental procedures listened to, discussed and cared for?
Comments –

6) Were you seen on time?
Y N
Comments -

7) Did you experience any problems during your visit?
Y N
Comments –

8) Would you recommend our practice to your family members or friends?
Y N

9) Was there a staff member that was particularly caring and helpful and that you would like to thank or a staff member that needs to address any issues that were not dealt with to your satisfaction at your visit?
Comments –

Please tick if you would like more information on the following –

Dental Procedures

Teeth Whitening

Cosmetic dentistry

Infection Control

Patient Education

This Survey will only be viewed by the Practice Manager and the Principal Dentist & will be destroyed once the data has been collected.

Thank You for taking the time to fill this survey out, your comments help us to provide you with a better service.