

**The Dental Centre**

**Patient Satisfaction Survey**

At The Dental Centre we are committed to making your visit a pleasant one, and that begins with offering you service that is friendly and responsive. So let us know how we're doing by taking a few moments to complete this questionnaire. We welcome any suggestions you may have for how we can improve the service we give you.

For most questions please tick  clearly inside one box

Gender: Male  Female

Age Group : 0-18  19- 24  25-34  35-44  45-54  55-64  65+

1. Reason for your visit?

Routine Exam  Dental Emergency

2. How long did you wait for this appointment?

Same day  1-3 days  4-6 days  7+ days

3. Was this your first visit to The Dental Centre?

Yes , I am a new patient

No. I am a regular patient of the practice

4. Was the receptionist helpful when booking the appointment?

Yes  No  Can't remember

5. On arrival for your appointment did the receptionist acknowledge you in a polite and courteous manner?

Yes  No  Can't Remember

6. Do you feel that reception staff respect your need for confidentiality and privacy?

Yes  No  No Opinion

7. Were you given the information you needed following your dental appointment e.g costs of treatment, payments, next appointment booking?

Yes  No  Unsure

8. Overall, on a scale of 1-10 ( 1 being lowest and 10 being highest) how satisfied are you with our reception services?

Please place your score in the box

#### Your Treatment

1. Were you able to discuss your needs & concerns with your dentist?

Yes  No

2. Did you find the assisting nurse professional and friendly?

Yes  No

3. Were you given a full and clear explanation of the treatment needed?

Yes  No

4. Were the charges for your treatment clearly explained by the dentist/reception staff?

Yes  No  Not Relevant

5. Were you given a treatment plan?

Yes  No  Can't remember

9. Overall, on a scale of 1-10 ( 1 being lowest and 10 being highest) how satisfied were you with your treatment during the visit ?

Please place your score in the box

**Waiting Room Literature**

1. Do you access the patient leaflets on offer in the waiting room?

Yes  No  Haven't Noticed

2. Do you feel the leaflets cover all subjects of interest to you?

Yes  No  No Opinion

3. Please give us any suggestions you may have for patient information you feel may be helpful?

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4. Are you aware we offer a text message reminder for booked appointments?

Yes  No

Please provide a mobile number if you would like to receive this service

5. Overall, on a scale of 1-10 ( 1 being lowest and 10 being highest) how do you rate the practice website ?

Please place your score in the box

6. Did you visit our facebook page?

Yes  No  Do not use Facebook

Please feel free to make any suggestions on area of the practice

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Thank you for taking the time to complete this survey. Your feedback is much appreciated

You may leave this section blank and submit your survey anonymously. If you would like a response to your survey please complete the section below

Name:.....

Email Address:.....

## **Would you recommend your friends & family?**

You can complete our friends and family questionnaire via this website or on practice