

Patient feedback form

Please tick the appropriate box

	Question	Ideal	Good	Poor
Q1	How would you rate the friendliness of the atmosphere in the Practice?			
Q2	How would you rate the appearance of Practice staff?			
Q3	How do you rate the decor and appearance of the Practice inside and outside?			
Q4	How would you rate the competence of you Dental Team?			
Q5	How would you rate the standard of cleanliness and hygiene at this Practice?			
Q6	How would you describe the attitude of the Dental Team towards you?			
Q7	How would you rate the ability of your Dental Team to understand your needs?			
Q8	How would you rate the ability of the Dental Team to explain things to you?			
Q9	How would you describe the value for money given by this Dental Practice?			
Q10	How would you rate the level of trust that you feel in your Dental Team?			
Q11	How do you rate the standard of timekeeping for appointments?			
Q12	How do you rate the treatment given to you by your Dental Team?			
Q13	How do you rate the ease of obtaining an emergency appointment within a reasonable timescale?			
Q14	How were you dealt with by reception on the phone and at the Practice?			
Q15	How do you rate the ability of your Team to resolve any problems/ complaints to your satisfaction?			

How likely is it you would recommend the Practice to a friend or colleague. Please give a score out of 10, where 10 is extremely likely.

Please tell us what could be improved by our Dental Practice

What do you like best about our Dental Practice?

Which Dentist do you see? (Please circle)

Mr Treharne

Mr Harris

Mr Marks

Which hygienist do you see? (Please circle)

Rachel Smith

Rachel Munson

Clare Edwards

Louisa Jenkins