Let us know how we are doing

We need your input on how we can better serve you. Your feedback is invaluable in helping us to identify the areas where we can improve. You do not need to put your name on the questionnaire to ensure confidentiality.

Please rate your last visit to our surgery - top score is 5	1	2	3	4	5
Was our staff caring and friendly?	☐	☐	☐	☐	☐
Were there any questions or concerns that were not taken care of?	☐	☐	☐	☐	☐
Did cleanliness and infection control of our practice meet your expectations?	☐	☐	☐	☐	☐
How do you rate the atmosphere and décor?	☐	☐	☐	☐	☐
Was your treatment plan explained to you and any questions answered?	☐	☐	☐	☐	☐
Were your fears about dental procedures listened to, discussed and cared for?	☐	☐	☐	☐	☐
Was your treatment performed on time?	☐	☐	☐	☐	☐
Were financial matters handled in a timely and well addressed manner?	☐	☐	☐	☐	☐
Were there any problems during your visit?	☐	☐	☐	☐	☐
Would you recommend our practice to your family and friends?	☐	☐	☐	☐	☐

Please add any further comments you might have regarding our service