



Now that you have finished your course of treatment, we kindly ask you to complete a confidential feedback survey to help us improve our services at FHDC
Please answer by scoring from 0) = Poor, through to 10) = Excellent

Name (optional):

Your dentists name:

Date:

How clearly did the dentist explain your treatment needs & options to you?

0 1 2 3 4 5 6 7 8 9 10

How well informed were you of what would be carried out at each appointment?

0 1 2 3 4 5 6 7 8 9 10

How easily were you able to book the appointment time(s) you required?

0 1 2 3 4 5 6 7 8 9 10

Were you seen within 5 minutes of your appointment time at each visit?

Yes No

How would you rate your dentist overall?

0 1 2 3 4 5 6 7 8 9 10

If you had hygienist services; how would you rate your hygienist overall?

0 1 2 3 4 5 6 7 8 9 10

How would you rate the nurses assisting your dentist?

0 1 2 3 4 5 6 7 8 9 10

How would you rate the reception team?

0 1 2 3 4 5 6 7 8 9 10

How would you rate the environment at FHDC i.e. décor, facilities, parking etc?

0 1 2 3 4 5 6 7 8 9 10

How satisfied are you overall with your treatment?

0 1 2 3 4 5 6 7 8 9 10

How comfortable was your dental treatment?

0 1 2 3 4 5 6 7 8 9 10

How would you rate your treatment overall for value for money?

0 1 2 3 4 5 6 7 8 9 10

Would you recommend us to your friends and family?

Yes No

We would appreciate any comments and suggestions that could help improve our service.