



FEEDBACK

Dear Patient, In order to maintain and improve our services we value and appreciate your feedback.

SERVICE	EXCELLENT	GOOD	COULD IMPROVE
Front Desk			
Efficient prompt communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directions to the Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online enquiries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointment scheduling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow up courtesy calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lounge Facilities			
Comfortable seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refreshments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Office			
Courtesy of dental staff:			
Nurses:-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentists:-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education and explanation of dental status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education and explanation of treatment options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information brochures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism of dental staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental treatment facilities/infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to add any comments or suggestions you may have as to how the service is provided at Art De Dente could be improved?

Scale from 1 to 5 (5-highest, 1-lowest) rate overall satisfaction with the service provided?

Would you recommend us to your family or friends? Yes/No. If no, please state why?

Name & Address is optional and confidential, but if you would like feedback from us, please write your details below and drop this into our reception.