

UPPER DENBY

DENTAL CARE

Patient Satisfaction Questionnaire

We want to provide you with the very best possible personal care and service that meets your needs. To do this, it is important that we know your views on the practice and the care we provide and to record your opinions on where we can improve. We would be grateful if you would spend a few minutes completing this form and then post it in the box in reception or e-mail it to uddc@btinternet.com

How Did You Hear About The Practice?

Advertisement

Passing the door

Recommendation

Yellow Pages

Other directory

Practice leaflet

Website

Other



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General Appearance of Practice

	Very Good	Good	Average	Poor
General Appearance				
Cleanliness				

Comments and Suggestions for Improvement



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Reception

	Yes	No	No Opinion
Are the reception staff helpful?			
Have you ever been kept waiting to long to see the dentist/hygienist?			
Are you delt with efficiently at reception?			

Comments and Suggestions for Improvement



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Practice Personnel

Dentists	Yes	No	No Opinion
Was the dentist helpful?			
Did the dentist listen to you?			
Did the dentist explain enough to you?			
Do you feel confident about the quality of treatment provided?			

Comments and Suggestions for Improvement

Other Staff	Yes	No	No Opinion
Are they friendly?			
Are they caring?			
Are they helpful?			
Are they well informed?			
Do they reassure you?			



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Patient Information

	Yes	No	No Opinion
Are there enough useful dental leaflets?			
Did you read your "Welcome letter" when you attended as a new patient?			
Do you ever visit the website?			
Would you be interested in a regular newsletter?			
Would you read a dental blog?			

Comments and Suggestions for Improvement



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Appointments

	Yes	No	No Opinion
Is it easy to book an appointment?			
Is the length of time you wait for future appointments acceptable?			
Would you like the option of early morning/late evening?			
What about Saturday appointments?			
Are there any other times that you would like the practice to be open?			

If yes, when?

Comments and Suggestions for Improvement



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Oral Health

	Yes	No	No Opinion
Do you feel the health of your mouth has improved since your course of dental treatment?			
Do you feel the appearance of your teeth has improved since your course of treatment?			
Do you feel your oral health is being adequately maintained?			

Comments and Suggestions for Improvement



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Payment for Treatments

	Yes	No	No Opinion
Do you feel that the cost of a treatment is fully explained?			
Did you have a written estimate for the proposed treatment?			
Do you think that the practice's private charges are reasonable?			
Do you think the Denplan charges are reasonable?			
Have the payment options (Including Denplan) been explained?			

Comments and Suggestions for Improvement



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Complaints

	Yes	No	No Opinion
Do you know about the practice complaints procedure?			

What attracts you most about the practice?

What do you like least about the practice?

Would you recommend the practice to others? (Please tell us why) **Yes** **No**

Any additional comments;



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Thank you

We appreciate you sparing the time to answer this survey.

