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| D*ental* Destination.Multi speciality Dental Clinic |

 Patient Feed Back Form

Date of last visit:  

**I had a prior **Appointment ****Walk In

**How did you hear about us?**

Ad Flyer Direct Mail Magazine Friend Family Other (please specify) 

**Did you find our working hours convenient for you?**

Very Convenient Convenient Somewhat Convenient Not Convenient

**Did the waiting area look clean and orderly?**

Excellent Very Good Good Average Poor

**How long did you wait before being seen by the dentist?**

0 Mins. 5 Mins. 15 Mins. 30 Mins. More

**Was the dental assistant(s) friendly, supportive and confident?**

Excellent Very Good Good Average Poor

**Was the Dentist who attended you confident and focused?**

Excellent Very Good Good Average Poor

**Did the Dentist explain your treatment, answer your questions, and listen to your concerns?**

Excellent Very Good Good Average Poor

**Did the clinic chamber seem clean and hygienic?**

Excellent Very Good Good Average Poor

**The level of dental treatment I received was:**

Excellent Very Good Good Average Poor

**How would you rate the overall quality of service you received at Dental Destination?**

Excellent Very Good Good Average Poor

**Would you recommend us to your family, friends and co-workers?**

Yes Maybe No

**Additional Comments or Suggestions:**



**The following information is optional, but is required if you wish to be contacted:**

**Name:**    

**Email:**    

**Phone:**   