



## Patient Satisfaction Survey

Thank you very much for taking the time to provide feedback on your experience at Laser Dentistry. Your feedback will greatly assist us in making any improvements to the service we provide to our valued patients.

Please circle your answers: 1= Poor, 2= Unsatisfactory, 3= Satisfactory, 4= Good, 5= Excellent

**How would you rate the service when you telephoned or walked in to make your appointment?**

1                      2                      3                      4                      5

**How would you rate the overall friendliness, courtesy and efficiency of the front office staff in helping you?**

1                      2                      3                      4                      5

**Was the waiting time in the reception area acceptable to you?**                      Yes                      No

Comments: .....  
.....

**How would you rate the Hygienist/ Dentist explanation of your dental problems?**

1                      2                      3                      4                      5

**Did the Hygienist/ Dentist give you the opportunity to consider the options and alternatives before making a decision about your treatment?**                      Yes                      No

**Did the Hygienist/ Dentist discuss the cost involved prior to treatment?**                      Yes                      No

**Were you given the opportunity to ask the Hygienist/ Dentist questions about any issues you needed clarifying?**

Yes                      No

**If this is your first visit, have we addressed your main concern?**                      Yes                      Partially                      Not at all

Comments: .....  
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**How would you rate the friendliness, courtesy and efficiency of the dental assistants involved with your treatment?**

1                      2                      3                      4                      5

**How would you rate your overall experience at Laser Dentistry?**

1                      2                      3                      4                      5

**Would you recommend this practice to a friend or family member?**                      Yes                      No

**Do you have any other comments you would like to make or suggestions for improvement? Please tell us if you are dissatisfied with any aspect of our service.**

Comments: .....  
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