



## Patient Survey Form

We value your opinion of our service and welcome your feedback good or bad. Please spend a few moments completing this form which you can send by post to: Mrs G Cookson, 5 Westmount Road, Eltham Park, London SE9 1JB or by email to: [epdpractice@aol.com](mailto:epdpractice@aol.com).

Please feel free to add further comment at the end of the form or add a continuation sheet if required.

Please tick the box which described your experience the best:

1 = very good, 2 = good, 3 = neither good nor poor, 4 = poor, 5 = very poor.

*At reception, did you feel you were dealt with promptly and with courtesy?*

1 ☐      2 ☐      3 ☐      4 ☐      5 ☐

*Were the appointments offered convenient for you?*

1 ☐      2 ☐      3 ☐      4 ☐      5 ☐

*At your last visit, did you feel you had your treatment explained adequately?*

1 ☐      2 ☐      3 ☐      4 ☐      5 ☐

*Were you given choices and were you involved with any decisions about your care?*

1 ☐      2 ☐      3 ☐      4 ☐      5 ☐

*Were your fees explained clearly and to your satisfaction?*

1 ☐      2 ☐      3 ☐      4 ☐      5 ☐

*Were you seen at or close to your appointment time?*

1 ☐      2 ☐      3 ☐      4 ☐      5 ☐

*Were you satisfied with the standards of hygiene and cleanliness in the surgery?*

1 ☐      2 ☐      3 ☐      4 ☐      5 ☐

Your Name (Optional – Please leave blank if you would like to remain anonymous)

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Your Address (Optional – Please leave blank if you would like to remain anonymous)

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..... Postcode.....

Name of Dentist/Hygienist you saw:

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