



Feedback Form

We would appreciate your views as your feedback is important to us. Please take a few minutes to complete the questions below and return to our reception team.

1. How would you rate the following? (Please Circle)

Practice environment 1 2 3 4 5

Facilities available1 2 3 4 5

Service provided by Staff.....1 2 3 4 5

Treatment received.....1 2 3 4 5

Explanation of treatment and choices.....1 2 3 4 5

Any other comments

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2. Were you referred for Endodontic or Oral Surgery treatment? (Please Circle)

3. How would you summarise your whole experience with us?

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4. Is there anything we could have done to improve your experience with us?

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5. Would you recommend us to your friends/family/colleagues and why?

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Thank you for your time and feedback.