

PATIENT SATISFACTION SURVEY

At Frays Dental Centre, we always aim to give our patients the highest standard of care. We want to make sure that our quality of service is second to none. Most importantly, we want to ensure that all of patients are happy with our service. Our future success will depend upon how well we treat you in all aspects of your dental care.

We would be grateful if you could answer the questions below to help us achieve this.

Have you ever recommended us? (Circle) YES / NO

Would you recommend us? (Circle) YES / NO

Are you a new patient to the practice? (Circle) YES / NO

What type of patient are you? (Circle) Private/Practice Plan/Frays Health Plan/NHS

Your first contact with the surgery/Before arriving...

Rate your experience of:

	Good	Satisfactory	Poor
Telephone answered promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the receptionist friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the receptionist helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all your questions get answered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was it easy to book appointment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointment waiting time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel the receptionist had the knowledge to help you effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When you arrived and in the waiting room:

Please rate the following:

	Good	Satisfactory	Poor
Your impression of reception staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you get an acknowledgement as you walked in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General atmosphere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you seen on time? YES / NO			

When you were in surgery:

Please rate the following:

	Good	Satisfactory	Poor
Was your nurse welcoming and friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your dentist welcoming and friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of treatment and treatment options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of treatment costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments you wish to make about the questions above?

Please could you provide 3 suggestions, which you feel can improve our standard of care?

1 - _____

2 - _____

3 - _____

105-107 BELMONT ROAD, UXBRIDGE, MIDDLESEX, UB8 1QX
PHONE: 01895 232077 FAX: 01895 255828

Please Turn Over

FRAYS HAREFIELD: 16B HIGH STREET, HAREFIELD, UB9 6BU,
PHONE: 01895 821536

EMAIL: INFO@FRAYSDENTAL.COM WEB: WWW.FRAYSDENTAL.COM

DR. H. AGGARWAL
BDS MFGDP BSc

& ASSOCIATES

DR. A. GOUTAM
BDS DGDP DPDS

Optional:

We need and value your feedback to continuously improve our customer care. We may want to talk to you further about your feedback to clarify a few things so we know and understand how you feel we can improve.

If you are comfortable with this, please give us your name and telephone number below so that we are able to contact you for a short and productive conversation. Thank you.

First Name:

Surname:

Contact Number:

Date:

Thanks again!

The Frays Dental Centre Team

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