

Meadowbrook Dental Centre - Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Your Age: _____ Male ____ Female ____

Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Upon arriving:					
Greeted quickly and cheerfully	5	4	3	2	1
The centre is clean, pleasant and comfortable	5	4	3	2	1
Waiting:					
Length of time in waiting room	5	4	3	2	1
Time in treatment room	5	4	3	2	1
Being kept informed if appointment delayed	5	4	3	2	1
Staff:					
Dentist or Hygienist (please circle which one you saw today)					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
Answers your questions	5	4	3	2	1
Dental Assistants and Front Desk Staff:					
Friendly and helpful to you	5	4	3	2	1
Answer your questions	5	4	3	2	1
Explain what you want to know	5	4	3	2	1
The likelihood of referring your friends and relatives to us:	5	4	3	2	1

Do you consider this center your regular source of care? Yes ____ No ____

<p>What do you like best about our centre? _</p>	<p>What do you like least about our centre?</p>
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What would you suggest that might improve your next visit?