

Vitiello and Associates Dental Surgery

Patient Satisfaction Questionnaire

We are continually seeking ways to improve the quality and level of service to you.

NAME

(Optional).....DATE.....

YOUR DENTISTS NAME.....

Please circle one option for each question:-

1 = Agree

2 = Disagree

3 = Not sure

	Agree	Disagree	Not Sure
1) My treatment was explained to me by my dentist	1	2	3
2) The cost of my treatment was explained to me by my dentist	1	2	3
3) I was asked for my consent for my treatment	1	2	3
4) I have been treated with dignity and respect	1	2	3
5) I have not been discriminated against in any way	1	2	3
6) The surgeries are clean and fit for purpose	1	2	3
7) The practice is clean and fit for purpose	1	2	3
8) The staff are courteous	1	2	3
9) I know how to make a complaint if I wish to	1	2	3
10) My relevant information will only be shared if I am referred elsewhere	1	2	3

We welcome any comments you wish to make.....

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Thank you for taking the time to complete this.