[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Dental practice patient feedback form

Date of visit: _____

Your experience

Was your pain managed well during treatment? (1–5):

_____

Was the treatment explained clearly beforehand? (1–5):

_____

How comfortable did you feel? (1–5): _____

How was the waiting time? (1–5): _____

How would you rate the overall experience? (1–5):

_____

Would you recommend us to others?: _____

Comments [Anything else you would like to tell us]

Contact (optional)

Phone: _____

Email: _____