

# Patient Questionnaire



Wedgwood House

Dear Customer

*Our mission is to ensure our customers have lasting, healthier and happier smiles.*

*It is important that we know your views on the practice and the care we provide and to record your opinions on where we can improve. We would be grateful if you would spend a few minutes completing this form.*

Thank you,

Dr Jill Geaney and her staff at the Wedgwood House Dental Practice

## What type of treatment did you receive today?

- NHS
- Private
- Don't Know?

Please provide the appointment date (dd/mm/yyyy):

.....


## Who did you see today?


Name	Role	Tick (optional)
Dr Jill Geaney	Dentist and Proprietor	
Dr Kate Pearce	Dentist	
Dr Asmah Ali Omrani	Foundation Dentist	
Dr Yasaman Asgari	Foundation Dentist	
Gil Le Gry	Dental Hygienist	
Dr Arlene Walsh	Dentist	
Reception Team		
Other		

Did you read the information about this dental practice and the services it offers in the Patient Information (reception) or on our website [www.wedgwood-house.com](http://www.wedgwood-house.com) ? YES  NO







Please **tick** here if you do **not** wish us to forward any of your survey answers on to the Care Quality Commission (CQC) standards monitoring team, NHS, or publish your comments on the Wedgwood House Dental Practice's website. (If happy to share, then leave blank).


# How did we do?

 Overall, how was your experience of our service?

 **Was it?**

Please tick

Very good	Good	Neither good nor poor	Poor	Very poor	Don't know
					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Please can you tell us why you gave your answer?

 Please tell us about anything that we could have done better?

**Should you wish us to contact you directly about your feedback, please provide your details below.**

Name:

Email / Address:

I confirm I am an Adult over 18 years (Yes / No):

Post your feedback form in the BLUE BOX in reception, or put it in an envelope and post through the practice's front door.

*thank you!*