

# BORE STREET DENTAL PRACTICE LTD.

24/26 Bore Street Dental Practice

LICHFIELD

WS13 6LL

01543 262092

## PATIENT QUESTIONNAIRE

At Bore Street Dental Practice LTD. we take our patient care seriously.

We would be grateful if you would take a short amount of time to share your views with us. This will help us to maintain the standards that you have become accustomed to.

We would like to assure you that any information supplied is done so anonymously and in the strictest confidence.

Please complete all of the following sections. Tick one answer only and put the completed questionnaire in the suggestions box in the waiting room.

### Please tell us how you first heard about the practice

Advertisement	Passing the door	Recommendation	Yellow Pages	Other directory	Practice leaflet	NHS Direct	Other means	Social Media

### Please tell us about your experience at our practice

	General appearances	Speed and efficiency of our Receptionists	Helpfulness of our staff	Cleanliness of the surgeries	Waiting room
Very good					
Good					
Average					
Poor					

### Please tell us about our staff (tick as many as apply)

	Receptionist	Dentist	Nurse	Hygienist
Helpful				
Reassuring				
Friendly				
Informative				
Other (Please state overleaf)				

### Which of these products would you be interested in purchasing during your visit

	Toothbrush	Toothpaste	Floss / tape	Interdental brushes	Mouthwash
Yes					
No					

**Please tell us about your payment preferences**

	Please circle one choice only		
Is the cost of treatment fully explained	Yes	No	No Opinion
Would you like to have a written estimate for the proposed treatment	Yes	No	No Opinion
Do you think that the practice's private charges are reasonable	Yes	No	No Opinion
Would you prefer to pay	Before treatment	During treatment	At the end of treatment
Which is your preferred payment method	Cash/ Cheque	Debit Card	Credit Card
Are you interested in paying for private charges via a monthly pre payment plan	Yes	No	No Opinion

**Please tell us about our appointment system**

	Yes	No	No opinion
Is it easy to book an appointment			
Do you consider the waiting time for future appointments excessive			

Do you know about the practice complaints procedure Yes    No

Would you recommend us to your friends and family Yes    No

Do you feel that we respect your right to confidentiality and trust us to hold your information securely Yes    No

Please use this space to make any other comments about the practice to help us to improve our service to you.

We appreciate your participation and would like to thank you for your time.