

At **Belmont Dental Surgery** we value our relationship with our clients and we look forward to providing you with on-going dental care for years to come. To ensure we continually improve the quality of our service delivery, we would appreciate you taking the time to complete our survey.

Any comments you make are kept strictly confidential.

Optional: Your Name: Date:

Please rate your answers by circling Poor (1) Fair (2) Good (3) Excellent (4) or Not Applicable (NA)

Length of time waiting for your first appointment	1	2	3	4	N/A
Ease of arranging a suitable time for an appointment	1	2	3	4	N/A
Getting through to Belmont Dental Surgery by telephone	1	2	3	4	N/A
Helpfulness of practice staff on the telephone	1	2	3	4	N/A
General knowledge and competence of the Reception staff	1	2	3	4	N/A
Time spent in Reception area	1	2	3	4	N/A
How was the appearance of the Waiting / Reception area?	1	2	3	4	N/A
Friendliness and competence of the Dental Assistant	1	2	3	4	N/A
Concern the Dental Assistant showed for your problem	1	2	3	4	N/A
Friendliness/courtesy of the dentist	1	2	3	4	N/A
Explanations the dentist gave you about your problem or condition	1	2	3	4	N/A
Dentist's efforts to include you in discussion & decisions about your treatment	1	2	3	4	N/A
Were the fee/ payment options clearly explained before any treatment?	1	2	3	4	N/A
Instructions the dentist gave you about follow-up care (if any)	1	2	3	4	N/A
How was the cleanliness / appearance of the treatment room?	1	2	3	4	N/A
Overall efficiency of staff from your arrival to the completion of your treatment	1	2	3	4	N/A
Overall quality of care received during your visit	1	2	3	4	N/A

Please add any comments or suggestions you may have below. Feel free to write overleaf if you have more to say than space allows here.

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Thank you for your time. Please return your completed survey form to Belmont Dental Surgery 171 Belmont Avenue, Belmont WA 6104 or email it to us at info@belmontdental.com.au