We are proud of the results we provide **and** of our Staff, who contribute to the success of YOUR Treatment.
With **your** help – just a Minute or so – we can be EVEN BETTER at what we do

We would like you to think about your recent experience of our Service. How likely are you to recommend our Practice to friends and family if they needed similar care or treatment?

1. Extremely likely	2. Likely	3. Neither Likely nor unlikely	4. Unlikely	5. Extremely unlikely	6. Don't know
☐	☐	☐	☐	☐	☐
☺ ⟷ ☹					?

Thinking about your response to that Question what is the main reason why you feel this way?

Are you: (*please tick*) ☐ the Patient ☐ the Parent or Carer ☐ the Patient & Parent / Carer

How did you find out about Accessible Orthodontics?

☐ Your Dentist
☐ Website - www.accessible-orthodontics.co.uk
☐ Family of friend in treatment
☐ Your school or university

What information did you want to know about your Appointment before coming to see us?

☐ What to expect at the Appointment
☐ Our location
☐ What to bring to the Appointment
☐ Costs involved with the Appointment
☐ The length of the Appointment
☐ Other: _____

How did you find the following aspects of your experience at Accessible Orthodontics?

	1. Excellent	2. Good	3. OK	4. Poor	5. Very Bad
Reception Staff	☐	☐	☐	☐	☐
Nursing Staff	☐	☐	☐	☐	☐
Clinicians	☐	☐	☐	☐	☐
Patient Info & education	☐	☐	☐	☐	☐
The Premises	☐	☐	☐	☐	☐

What is one change you would like to see made to the premises?

Your Name/s

Your Phone Number:

Where you have been kind enough to provide your name, we thank you. If you have provided your feedback anonymously it is equally appreciated: if you do NOT wish you comments to be shared (i.e. staff, NHS, other users) tick this box ☐

THANK YOU - PLEASE PUT INTO THE FEEDBACK BOX OR HAND TO ONE OF OUR STAFF

To save paper we also make this Form available for your use on our website