

# Limited to Endodontics



**Your visit to our surgery was**

Self referred  Referred by your dentist  Other \_\_\_\_\_  
(Please state)

**My first impression of the surgery was**

Poor  Fair  Good  Very Good  Excellent

**How easy was it to locate us?**

Poor  Fair  Good  Very Good  Excellent

Comments \_\_\_\_\_

**I found the staff friendly and helpful**

Poor  Fair  Good  Very Good  Excellent

Comment \_\_\_\_\_

**My treatment and care was explained to me fully and I was given the opportunity to ask questions.**

Poor  Fair  Good  Very Good  Excellent

Comment \_\_\_\_\_

**I considered the waiting time acceptable.**

Poor  Fair  Good  Very Good  Excellent

Comment \_\_\_\_\_

**Facilities at the surgery were acceptable.**

Poor  Fair  Good  Very Good  Excellent

Comment \_\_\_\_\_

**Would you recommend this surgery to friends and family for treatment?**

Yes  No

Comment \_\_\_\_\_