

Dental Patient Care Feedback Form

Thank you for choosing our clinic. Please take a moment to provide feedback about your recent visit. This printed form helps us improve our patient care.

Patient Information

Patient Name:

Date of Visit:

Dentist / Hygienist Name:

Care and Service Evaluation

Please rate the following aspects of your visit on a scale from 1 (Poor) to 5 (Excellent):

Ease of scheduling an appointment:

Cleanliness and comfort of the clinic:

Friendliness and professionalism of the staff:

Explanation of dental procedures and treatment options:

Management of your comfort and pain control during treatment:

Overall satisfaction with your dental care:

Comments and Suggestions

What did you like best about your visit?

What can we do to improve your next dental experience?

Would you like us to contact you regarding your feedback? (Yes/No - If yes, please provide phone or email):