Please help us to improve our patient care system.

In which clinics have you been seen? Student dentistry Student dental hygiene General Practice Residency Grad Periodontics Emergency

I have attended approximately how many appointments? 1–5 6–20 More than 20

Treatment Experience – ***Please choose yes or no to the following questions:***

1.	Were you seated in the clinic within 10 minutes of your appointment?	Y	N	N/A
2.	Where you treated with courtesy and respect by your students?	Y	N	N/A
3.	Where you treated with courtesy and respect by the instructors?	Y	N	N/A
4.	Where you treated with courtesy and respect by the clinic staff?	Y	N	N/A
5.	Did you have confidence being treated by your students?	Y	N	N/A
6.	Were your financial matters handled efficiently?	Y	N	N/A
7.	Was your appointment confirmed within 48 hours before this visit?	Y	N	N/A
8.	Was the treatment provided what you expected?	Y	N	N/A
9.	Were the fees explained?	Y	N	N/A
10.	Were the treatment options explained?	Y	N	N/A
11.	Were you educated about the home care and post visit instructions?	Y	N	N/A
12.	Would you recommend our Dental Clinic to friends and family?	Y	N	N/A

Please rate us on the following questions:

	Excellent	**Above average**	**Average**	**Below average**	**Poor**
Rate the cleanliness of our dental clinics					
The time required for my treatment is what I expected					
Rate your happiness with the care delivered					
Rate your overall experience at the Faculty of Dentistry					

Please rate us on the following questions:

Please write any additional comment you have below:

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Would you like staff to contact you regarding a concern? Yes No

Please enter a brief description of your concern:

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Please enter your name, preferred contact method and time:

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Signature (optional) ______________________________ **Date** ______________________

Please email your completed questionnaire to ClinicalAffairs.dentistry@Dal.Ca