



PUSAT PERGIGIAN U 优牙科中心 U DENTAL CENTER

- 大学城Taman U : 26A, Jalan Kebudayaan 1, Taman Universiti, 81300 SKUDAI.
Tel:607-521 1111, 607-5208508 SMS: 6012-8800100 HP: 6 014-888 9000
- 武吉英达Bukit Indah : 30A, Jln. Indah 16/5,
Taman Bukit Indah, 81200 Johor Bahru.
Tel: 07-232 GIGI, 07-232 4444, SMS:6 014-9 900 900 HP: 6014-888 2000
- **U Dental Specialist Clinic** 优牙科专科诊所 **Klinik Pakar Pergigian U**
65A, Jalan Indah 16/12, Taman Bukit Indah, 81200 Johor Bahru, Johor.
Tel: 607-234 2000 SMS: 6014-508 0000 HP: 6019-500 6 900
www.gigi.my info@gigi.my



www.gigi.my

Patient Satisfaction Survey
Feedback/Complaint Form

To new patients that were just finished your treatment:

What do you think about this clinic?

Please take a number of minutes to finish this interrogation. Your opinion is valuable to us, in order to improve our service for you.

Please tick marks to be given to each question.

Please return the completed form to the receptionist at the counter. We will give gifts / samples mystery to those who answered more than 40 items.

THANK YOU for your time.

Greetings from U Dental Center and U Dental Specialist Clinic

Full Name : _____ and Handphone Number: _____ Registration Number : _____

(If this is a complaint and you would like us to investigate your complaint, please write your name and your phone number so we can contact you to resolve your complaint)

No.	Questionnaire	Poor ← → Good				
		1	2	3	4	5
1	Is the clinic's :					
	i. Location convenient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ii. Opening hours convenient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	iii. Parking area convenient and adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	iv. Feel comfortable to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	v. Is the reception area and waiting room, customer toilet clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	vi. Is the reception area and waiting room comfortable, relaxing?					
	Suggestion for improvement:					
2	Is the receptionist/ front desk :					
	i. Attend to you promptly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ii. Having eye contact with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	iii. Gave you a friendly and professional greeting upon arrival?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	iv. Answer your initial call quickly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	v. Competent & knowledgeable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	vi. Were helpful & informative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii. Were you seated by your appointment time or advised of any delays?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Suggestion for improvement:					
3	Is the attending dentist :					
	i. Greeting to you? (e.g Hello, good morning, how are you etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ii. Introduce him/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	iii. Friendly & courteous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	iv. Do you feel your doctor is knowledgeable & competent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	v. Confident, focused & professional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	vi. Explain your treatments satisfactory?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	vii. Answered your questions satisfactory?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	viii. Give any other options/alternatives of the proposed treatment?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	ix. Explained to you any other potential problems that you may have and suggestion given?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	x. Give you written information/leaflet of the treatment?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	xi. Give you a details of prices/estimates before treatment started?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	xii. Do you satisfied with the treatments provided and your problem solved?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	xiii. Do you feel comfortable questioning your doctor?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	xiv. Good attitude and manners?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	xv. Not rushing and spend adequate time with you?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Suggestion for improvement:	
4	Is the Nursing Staff:	
	i. Seated you comfortably on dental chair?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	ii. Looked professional in appearance?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	iii. Communicate with you proactively?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	iv. Comfort you if you are nervous?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	v. Competent & knowledgeable?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Suggestion for improvement:	
5	Check out :	
	i. After treatment finished, did you waited long at the counter to pay or to get the medicines?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	ii. Do you think our charges/fees are fair & reasonable?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	iii. Did the charges/fees explained to you satisfactory?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	iv. Did we give you explanation of the medicines properly?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	v. Did your bill or receipt been accurate, efficient and timely?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	vi. Given a printout copy for unsolved problems for future treatment or maintainance?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	vii. Did you offered an appointment for your next visit?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	viii. Greet you before you leave? (e.g. Thank you, Have a nice day etc)	
	Suggestion for improvement:	
6	Appointment and General Services:	
	i. Are appointment procedures courteous & prompt ?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	ii. Are phone calls during office hours handled quickly & efficiently ?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	iii. When you have an appointment, how do you rank your waiting time in the waiting room?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	iv. Are all staff members friendly, courteous & caring ?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Suggestion for improvement:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7	Online Experience (If you have visited our website www.gigi.my or have made an online appointment)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	i. Is the website provided information that you seeking for?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	ii. Is the website easy to navigate?	
	iii. Is your email or appointment request, if any, answered within 24 hours?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	iv. Did you get the appointment date and time that you requested? or was offered alternative date/time?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Suggestion for improvement:	
8	Others:	
	i. If you had a concern during your last visit, do you think it was properly handled by the staff?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	ii. Are you comfortable with the level of technology used in the office?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	iii. Do you satisfy with our overall services?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	iv. Will you visit our clinic in future?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	v. Would you like to refer/recommend a friend or family member to our clinic?	
	vi. Any complaints / suggestions / compliments	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

THANK YOU! Your suggestions/ Complaints is a gift to us. Please come next time.