

## Patient's Satisfaction Survey

To patient who has just finished your treatment:

How do you feel about the service in this clinic?

Please kindly spend a few minutes to fill up this survey form. Your answer about the clinic is highly appreciated to improve our services to you.

Please mark the marks that you would like to give to each question.

Please kindly return the form to the receptionist at the counter. We would provide gift/mysterious sample to them that answer more than 15 questions (while stock last).

Thank you for spending your precious time.

Greetings from: Taman U Dental Clinic and U Dental Center.

Your Name: \_\_\_\_\_ and Phone Number: \_\_\_\_\_

Registration number: \_\_\_\_\_

(If this is a complaint and you would like us to investigate your complaint, please kindly write down your name and telephone number so that we can contact you to solve your complaint.)

1	Is the location of the clinic easy for you to reach?
2	Is the clinic working hour convenient to you?
3	Is the car park lot enough and easy for you to allocate?
4	Are the counter and the waiting area clean, relaxing and comfortable to you?
5	Is the receptionist capable and well knowledge?
6	Is the nurse in the clinic capable and well knowledge?
7	Is all the clinic staff polite and helpful?
8	Is the way of making appointment of treatment efficient?
9	Is the phone calling to the clinic answer quick and efficient?
10	If you have made an appointment, do you still need to wait for a long time?
11	Regarding the doctors, are the doctors polite?
12	Does your doctor spend sufficient time for you?
13	Does your doctor explain your treatment clearly to you?
14	Do you always ready to voice up question to your doctor?
15	Do you think your doctor is well knowledge and skillful?
16	Do the answers of doctor satisfy your questions?
17	Do you satisfy with the treatment provided?
18	After complete of treatment, do you need to wait for a long time to settle the payment or taking medication?
19	Do you find the payment or fee of the clinic appropriate?
20	Does your payment or fee explain to you clearly?
21	Does your bill or receipt given to you fast and accurate?
22	In general, do you satisfy with the service of the clinic?

