

Dental Clinic Patient Visit Survey Form

Name

Email

Date of Visit

Service Received

Satisfaction with Reception

☐

1

☐

2

☐

3

☐

4

☐

5

Satisfaction with Dental Staff

☐

1

☐

2

☐

3

☐

4

☐

5

Cleanliness of Clinic

Waiting Time

Additional Comments / Suggestions