

# **PORTWAY DENTAL PRACTICE PATIENT SATISFACTION** **SURVEY**

**Please take a few minutes to help improve our dental practice here at Portway so we can serve YOUR dental needs better. Thank You!**

**1. Please rate your satisfaction level regarding the following items: ( 1 = Not Satisfied , 5= Highly Satisfied)**

Was it easy to schedule a convenient appointment? **Score: 455/95 = 4.79 (95.8%)**

Were you greeted in a prompt and friendly manner? **Score: 469/95 = 4.94 (98.8%)**

Was the dentist/ hygienist sensitive to your needs? **Score: 468/95 = 4.93 (98.6%)**

Was the waiting time in the reception area reasonable? **Score: 452/95 = 4.76 (95.2%)**

Was the dental surgery clean and tidy? **Score: 471/95 = 4.96 (99.2%)**

Was the waiting room tidy and neat? **Score: 469/95 = 4.94 (98.8%)**

Were you happy with your dental treatment received? **Score: 472/95 = 4.97 (99.4%)**

Was your overall experience at Portway positive? **Score: 469/95 = 4.94 (98.8%)**

**2. Will you return to Portway for your future dental needs? (Please Circle)**

**YES = 95**

**NO = 0**

**3. Would you recommend/ refer a friend to Portway in the future? (Please Circle)**

**YES = 95**

**NO = 0**

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**ANY FURTHER COMMENTS:**