

PATIENT FEEDBACK

Patient feedback of their care received at Peninsula Orthodontics is an important tool for us to be able to improve the services we provide. This is why we welcome both positive and negative feedback in the survey below.

On a scale of 1 to 6 how would you rate the following:

6- Excellent 5- Very Good 4- Good 3- Average 2-Fair 1- Poor

The process of checking in for your appointment, including any communication sent to you prior to your appointment?

☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

Additional Comments

The service provided by our reception team?

☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

Additional Comments

The quality of the communication by our orthodontists.

☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

Additional Comments

The explanation of orthodontic treatments and affordable payment plans by our orthodontists and treatment coordinators.

☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

Additional Comments

The treatment and clinical knowledge of our clinical team.

☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

Additional Comments

The overall cleanliness of our clinic.

☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

Additional Comments

Your overall experience at Peninsula Orthodontics

☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

Additional Comments

Would you recommend Peninsula Orthodontic to others?

☐ Yes ☐ No

Do you have any further comments?