



**Care For Smiles** is an independent dental practice located at 254 Darebin Road Fairfield, founded by the Principal Dentist, **Dr Priti Rosemary Phillipos**. We value our relationship with our patients and we look forward to providing you with on-going dental care for years to come. To ensure we continually improve the quality of our service delivery, we would appreciate you taking the time to complete our survey. If you would like us to contact you regarding your responses, please give your contact details. Any comments you make are kept strictly confidential.

**Optional:** Your Name/Phone: ..... Date: .....

Please rate your answers from Poor (1) to Excellent (5)	1	2	3	4	5
1. When making an appointment, was the telephone answered promptly and politely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was your appointment confirmed in the 24 hours prior to your visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was it easy to find <b>Care For Smiles</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How did you travel to <b>Care For Smiles</b> ? <input type="checkbox"/> Car <input type="checkbox"/> Bicycle <input type="checkbox"/> Public transport <input type="checkbox"/> Walk <input type="checkbox"/> Other					
5. On your arrival, were you met promptly and politely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How was the cleanliness / appearance of the <b>Care For Smiles</b> rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was the procedure clearly explained before any treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the fee / payment options clearly explained before any treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Were any questions or concerns raised by you satisfactorily addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How would you rate the professionalism of the <b>Care For Smiles</b> staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How would you rate your overall experience with <b>Care For Smiles</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any comments or suggestions you may have below.

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You can also leave comments/ratings on our Facebook page [www.facebook.com/CareForSmiles](http://www.facebook.com/CareForSmiles)

Thank you for your time. Please return your completed survey form to **Care For Smiles**.

*Dr Priti Rosemary Phillipos and the Staff of Care For Smiles.*