



GATEWAY DENTISTRY  
GROUP

Gateway Dentistry Group  
201 – 11002, 104 Avenue Grande  
Prairie, Alberta T8V 7W5

## PATIENT SATISFACTION QUESTIONNAIRE

1. How would you rate your experience?

Great                      Good                      Poor

2. Were adequate instructions given?

Pre-operatively                      Yes                      No

Post-operatively                      Yes                      No

If no please describe deficiency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. How could we have served you better?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

4. Would you recommend our office to family and friends for similar procedure?

Yes                      No

Name: \_\_\_\_\_ Date of Treatment: \_\_\_\_\_