



Smile 4 U Feedback Form

a) Please rate the below from 1-5 (1 being very poor, 5 being excellent):

1. Our location and parking

2. Practice cleanliness

3. Practice comfort

4. The courtesy of staff

5. Communication with your Dentist

6. The quality of care you receive

7. Appointment Availability

8. Appointment timeliness

9. Price / Fees

b) General comments:

c) What did we do well?

d) What could we do better?

e) Would you refer your family and friends to Smile4U ? Why / Why not?
