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GIVE FEEDBACK

Please give feedback by completing the form below and sending back to us using the contact details above. You can also book online via our website. If you have any questions, please feel free to give us a call on 01732 926800

PATIENT DETAILS

Patient Name:

Patient Email:

Date of Visit (DD/MM/YYYY):

OVERALL RATING FOR VISIT (Please tick one box)

I would recommend this practice to a friend

I would not recommend this practice

I do not want to express an opinion

FURTHER INFORMATION (Please give a rating of 1 - 5, with 1 being 'Very Satisfied and 5 being 'Very Dissatisfied')

How was the waiting time to be seen?

Made to feel at home & welcomed by staff?

Made to feel at ease and in control of your treatment?

Informed in detail about your treatment and the costs?

Satisfied with the outcome of your treatment?

WHAT YOU LIKED ABOUT YOUR VISIT / TREATMENT

WHAT COULD HAVE BEEN IMPROVED & ANY OTHER COMMENTS