

SREE BALAJI DENTAL COLLEGE AND HOSPITAL

DEPARTMENT OF ORTHODONTICS & DENTGFACIAL ORTHOPEDICS

PATIENT FEEDBACK FORM

: 2303-21 Feedback Date

. 531 Serial Number

Patient Name : MR. PON VINNYMEN BR/F Patient Phone Number :9655963669 Parient Address PING CHARGETHARMAGO:

: YES/NO Treatment Started CDR SUBHIKSIAB Treating Doctor Staff Incharge

Date of Treatment

: 024-09-19 Commencement Date : 21 years .

How did you come to know about Sree Balaii Dental College's Orthodontics Clinics

DR SOMEVENON

1. Referred by Oral Medicine department

2. Referred by Old Patient 3. Walked in 4. Any other Source:

Duration so far

If Treatment Not Started, The Reason

a. Treatment is expensive and can't afford it b. Not comfortable with working hours

c. Not satisfied with treatment plan d. Not satisfied with Treating Doctors

c. Not Satisfied with the College f. Apprehensive towards extractions and surgeries

g. Treatment duration is too long

Any Other Reason

1.	Quality of Treatment
	Bxcellent/ Very Good/ Good/ Fair/ Bad/ Very Bad
2.	Promptness in Commencing Treatment Excellent/ Very Good/ Good/ Fait/ Bud/ Very Bad

 Duration of Treatment Excellent/ Very Good/ Good/ Fair/ Bad/ Very Bad

Excellent/ Very Good/ Good/ Fair/ Bad/ Very Bad
 Number of Activation visits

Too many/ Acceptable

5. Personal Care and Friendliness from Doctors and Staff
Excellent/ Very Good/ Good/ Fair/ Bad/ Very Bad

Reception Waiting Time
 Excellent/ Very Good/ Good/ Fain/ Bad/ Very Bad

7. Hygiene & Sterilization
Excellent/ Very Goed/ Good/ Fair/ Bad/ Very Bad

8. Ambience in the Department

Excellent/ Very Good/ Good/ Fair/ Bad/ Very Bad

9. Did you know that we use the World's Best Brackets and Materials for your tr

YES/NO

10. Cost of Treatment

Expensive/ Reasonable/ Cheap

Would you recommend us to your friends YES/NO

Any Other Suggestions :

Nothing

