

# PEASHOLM

DENTAL PRACTICE

## FRIENDS AND FAMILY TEST

We would like you to think about your recent experiences of our service.

How likely are you to recommend our dental practice to friends and family if they need similar care or treatment?

- |   |  |
|---|--|
| <input type="checkbox"/> Extremely likely:            | <input type="checkbox"/> Unlikely:           |
| <input type="checkbox"/> Likely:                      | <input type="checkbox"/> Extremely unlikely: |
| <input type="checkbox"/> Neither likely nor unlikely: | <input type="checkbox"/> or Don't know:      |

Can you tell us why you gave this response?

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