

# Dr L H Hiranandani Hospital

"We'll treat you™"

ISO 9001:2008 CERTIFIED  
DAR & NABCB ACCREDITED

**A NABH Accredited Hospital**

(National Accreditation Board for Hospitals & Healthcare Providers An initiative of Quality Council of India)



## CENTRE FOR ADVANCED DENTISTRY FEEDBACK FORM

Name of the Patient : LALIT M. SHARMA Consultant's Name : DR. GAUTAM  
Date : 23/8/14 Telephone Number : \_\_\_\_\_

Email id : \_\_\_\_\_

1. First visit ☒

Follow up ☐

2. How did you come to know of the Dr. L H Hiranandani Hospital Dental centre?
- |                     |                                     |
|---------------------|-------------------------------------|
| a. Doctor           | <input checked="" type="checkbox"/> |
| b. Family & Friends | <input type="checkbox"/>            |
| c. Advertisements   | <input type="checkbox"/>            |
| d. Others           | <input type="checkbox"/>            |

Please specify \_\_\_\_\_

3. Was it easy getting an appointment according to your preferred date and time?

☒ Yes

☐ No

4. Waiting time to see the doctor

☒ <15 min.

☐ 15-30 mins.

☐ >30 mins.

5. Information about the procedure shared by the doctor:

☒ Excellent

☐ Good

☐ Inadequate

6. Attending staff behavior:

☒ Excellent

☐ Good

☐ Inadequate

7. Ambience:

☒ Excellent

☐ Good

☐ Poor

8. Cleanliness:

☒ Excellent

☐ Good

☐ Poor

9. Overall Experience: ☒ Excellent

☐ Good

☐ Poor

10. Did the doctor recommend you to come for any further treatment, if required, to -

☒ Dr. L H Hiranandani Dental Centre

☐ Other centre

Suggestions if any:

He gave me all the options and suggested I go for implants. I am glad to accept his suggestion.  
Signature of Patient / Relative : He is excellent at his job. I am happy to make friends with him

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