APPENDIX A

Completed Treatment Review
University of Washington
School of Dentistry

Date: _____ Patient # | | | | | | |
Faculty: _____ Student: ___

CHIEF COMPLAINT:
Has the complaint been addressed? O Yes O No O Not Applicable

If no, Why not?

O Beyond Scope
O Patient Availability
O Patient Decision
O Medical Restrictions
O Done Elsewhere
O Remission
O Financial Limitations
O Other _____
O Overlooked
O Re-evaluation of need

PLANNED CARE:
Has all planned care been provided? O Yes O No O No Plan

If no, Why not?

O Financial Limits
O Patient decision
O Patient Availability
O Sequence of care not followed
O Re-evaluation of need
O Other_____

SERVICE REVIEW: O All Okay

Based on your clinical examination and considering the patient's oral environmental factors, the care outcome is satisfactory except as indicated below:

Ref. # (use"N" for new)		**Department code**		**Tooth # or area**		**Comments on problems?**

Meets standard of care: O **Yes** O **No**

Comments:

APPENDIX B: PATIENT SATISFACTION SURVEY

School of Dentistry
UNIVERSITY OF WASHINGTON

WE* CARE *ABOUT YOUR CARE!

Please take a minute to tell us about your recent experience as a patient at the UW School of Dentistry. Patient responses are used in making changes in how we provide treatment and improve our service. Your feedback is anonymous unless you request a response from us (see bottom of survey). This survey is also available on line at https://catalysttools.washington.edu/survey/jarnold1/38404

Please CHECK only one response to each statement below:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Appointment:					
1. Appointments were accessible when I needed them.					
2. My calls were promptly returned.					
My Care Provider:					
3. Talked to me with respect.					
4. Listened carefully to me.					
5. Explained what was going to happen before each procedure.					
6. Seemed concerned about not causing me pain.					
7. Used sanitary precautions and procedures.					
8. Helped me to understand the overall plan for my treatment.					
Staff & Faculty:					
9. The clinic personnel were courteous & helpful.					
General:					
10. The fees were reasonable.					
11. I plan to continue to get my treatment at the School.					
12. Overall, I was satisfied with my dental care.					
Additional Comments:					

If you would like a response please include your name and address or phone number: _____

Thank you very much for participating in our Patient Satisfaction Survey! Please return this form with your statement.

APPENDIX C


WE VALUE
YOUR
COMMENTS!
Please Let Us Know
How We Are Doing
University of Washington
School of Dentistry