

**Our Ref: {SampleID} {ProcessDate} {UniqueID}**

{Title} {Forename} {Surname}  
{AddressLine1}  
{AddressLine2}  
{VAddressLine3}  
{VAddressLine4}  
{VAddressLine5}  
{VPostcode}

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**Date: {vToday}**Dear **{Title} {Surname}**,**NHS Dental Services Patient Survey**

We are carrying out a survey about NHS dental services on behalf of your local Primary Care Trust (PCT), which is the organisation responsible for providing local NHS dental services.

We understand that you recently received NHS dental treatment and we would be grateful if you would complete the enclosed questionnaire to the best of your recollection and return it in the pre-paid envelope provided (**the questionnaire can be completed by a parent, guardian or responsible adult if appropriate**).

Alternatively, you can access and complete the questionnaire in the following ways:

- Online at: [www.nhsbsadental.nhs.uk/survey/nhsds9](http://www.nhsbsadental.nhs.uk/survey/nhsds9)
- Scan the barcode located on the top right of the questionnaire using a smart phone/tablet

Your responses will be used to provide reports to your PCT to help review the quality of local NHS dentistry services and patient satisfaction. The reports will summarise responses from all respondents and will not include any information that could be used to identify you. For further details please read our privacy policy statement at [www.nhsbsa.nhs.uk](http://www.nhsbsa.nhs.uk)

If you would like to provide any comments in addition to the questions in our survey, or if you wish to complain about the service or treatment you received, please contact your dental practice or local PCT directly. Their contact details will be in the telephone book or alternatively you can find them on the NHS Choices website [www.nhs.uk](http://www.nhs.uk)

Please note that we are unable to process, store or return any items you send in or to respond to individual comments. Thank you for taking the time to read this letter and participate in this survey.

Yours sincerely

**For NHS Business Services Authority****Treatment Record:**

- Patient Name: {Forename} {Surname}
- Patient DOB: {DOB}
- Treatment Start: {TreatmentStart}
- Dental Surgery: {PracticeAddress}





Official use only

### NHS Dental Services Patient Survey

**Please complete the questions to the best of your recollection.** The questionnaire can be completed on behalf of the patient by a parent, guardian or responsible adult if appropriate.

Please put a cross in the box to indicate your answer:

If you make a mistake fill the box in completely:

Q1 Did you visit the dental practice shown at the foot of the covering letter (treatment record section)?  
Yes.....  No .....  Cannot Remember.....

Q2 Have you received any orthodontic treatment and/or assessments in the last six months?  
Yes.....  No .....

Q3 Was the treatment provided by the NHS or under private arrangements? **(Please cross one box)**  
Just NHS treatment.....  Combination of NHS and private treatment .....   
All private treatment .....  Unsure .....

Q4 What NHS orthodontic treatment has been provided so far? **(Cross all that apply)**  
Diagnosis and assessment.....  Extractions .....   
Removable orthodontic appliance(s) (brace) fitted.....  Fixed orthodontic appliance(s) (brace) fitted .....   
Other .....

Q5 How satisfied are you with the NHS dentistry you received? **(Please cross one box)**  
Completely satisfied.....  Fairly satisfied .....   
Fairly dissatisfied .....  Very dissatisfied.....

Please use the pre-paid envelope supplied to return your completed questionnaire. If you have lost the envelope, you can post this form to: Patient Questionnaires, NHS Dental Services, Bridge House, Pilgrim Street, Newcastle, NE1 6SN

If you would like to send us some feedback about this survey please complete our online feedback form at [www.nhsbsa.nhs.uk/DentalServices/3023.aspx](http://www.nhsbsa.nhs.uk/DentalServices/3023.aspx)



