

## Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

### Welcome to Our Survey

Thank you for participating in our survey. Your feedback is important to us and will help inform the development of updated requirements and guidance to promote safe and effective care for patients.

The Royal College of Dental Surgeons of Ontario (RCDSO) is seeking feedback on our current Maintaining a Professional Patient-Dentist Relationship Practice Advisory, which sets out requirements and guidance related to:

- building a professional patient-dentist relationship
- resolving interpersonal conflicts that arise between the patient and the dentist
- ending the professional patient-dentist relationship.

The survey should take approximately **10-15 minutes** to complete.

Survey responses will be saved and submitted when you click the 'Next' or 'Done' button on each page of the survey. You may complete a portion of the survey and return later to finish the survey or edit your responses, however, you must use the same device and web browser that you used to start the survey.

The deadline to provide feedback is **11:59 pm on October 20, 2024**.

All survey responses will be carefully reviewed, and a summary of the feedback received will be provided to RCDSO's Council after the consultation closes. Your feedback is anonymous. Responses submitted by individuals on behalf of organizations will be attributed to the organization and not the individual respondent.

If you have any questions about this survey or RCDSO's Standards review and development process, please see [RCDSO's website](#) or email the Policy Team at [patient.dentist.relationships@rcdso.org](mailto:patient.dentist.relationships@rcdso.org).

## Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

### Participant Type

\* 1. Are you a:

- General dentist (including retired)
- Specialist dentist (including retired)
- Dental student
- Patient / Member of the public
- Oral health care professional, other than dentist (e.g., dental hygienist, denturist, dental technician, including retired)
- Non-oral health care professional (e.g., nurse, doctor, pharmacist, etc., including retired)
- I prefer not to answer
- Person responding on behalf of an organization (please specify)



## Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

### Specialist Type

\* 2. What is your primary specialty or, if you have retired, what was your primary specialty?

- Dental Anesthesiology
- Dental Public Health
- Endodontology
- Oral and Maxillofacial Radiology
- Oral and Maxillofacial Surgery
- Oral Medicine and Pathology
- Orthodontics and Dentofacial Orthopedics
- Pediatrics
- Periodontics
- Prosthodontics
- Other (please specify)



## Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

### Dentist Characteristics

**If you are retired, please respond to the questions on this page based on your past experience.**

\* 3. Where did you complete your highest level of dental education?

- Canada
- Australia, Ireland, New Zealand or United States of America (countries that have a mutually recognized system of accreditation of training with the RCDSO)
- I prefer not to answer
- Other (please specify)

\* 4. How many years have you been in practice?

- 0-10 years
- 11-25 years
- 26+ years

\* 5. What is your primary practice environment?

- Solo private dental clinic (one or more locations with one dentist)
- Group private dental clinic (one or more locations with more than one dentist)
- Corporate dental clinic (practice with some degree of third-party ownership and/or business support)
- Not-for-profit dental clinic (e.g., public health, community health centre, hospital, school, community-based)
- Other (please specify)

\* 6. We would like to know more about your role(s) in your practice. Which of the following best describes your primary role(s) in dentistry? Please check all that apply.

- Owner/Principal
- Associate/Independent Contractor
- Employee
- Clinic/Practice Manager (either formally or informally)
- Other (please specify)

\* 7. Describe the general location(s) where you work or practice. Please check all that apply.

- Extra-large urban area (population of 500,000 or more)
- Large urban area (population between 100,000 and 499,999)
- Medium urban area (population between 30,000 and 99,999)
- Small urban area (population between 1,000 and 29,999)
- Rural and/or remote (population less than 1,000)
- Other (please specify)

\* 8. Do you currently provide clinical care?

- Yes
- No



Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

Use and Usefulness of Resource

**We want to know if and how you have used the current Maintaining a Professional Patient-Dentist Relationship Practice Advisory.**

**If you are retired, please respond to these questions based on your past experience.**

\* 9. Have you read the current Practice Advisory?

- Yes, I have read the entire Practice Advisory
- I have read parts of the Practice Advisory (e.g., the sections most applicable to my practice)
- No, I have not read the Practice Advisory (if you answer “no”, you will be skipped to the next set of questions in this survey)



Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

Use and Usefulness of Resource

\* 10. How often do you refer to this Practice Advisory to inform your practice?

- More than 5 times a year
- 3 to 5 times a year
- 1 or 2 times a year
- Less than 1 time per year
- Never



## Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

### Use and Usefulness of Resource

\* 11. What are the reasons you refer to this Practice Advisory? Please check all that apply.

- To better understand my professional responsibilities (e.g., to ensure compliance with practice requirements)
- To improve quality of care (e.g., to improve relationships with your patients)
- To educate patients (e.g., explain requirements, answer questions, manage concerns and/or expectations)
- To teach and/or conduct research
- Other (please specify)

\* 12. Which topics in this Practice Advisory have you referred to? Please check all that apply (Note: the options below correspond to the topic area titles in the Practice Advisory. The Practice Advisory is linked [here](#) for reference).

- Building the relationship
- Resolving a conflict
- Dismissing a patient
- Moving beyond a professional relationship
- Sample patient dismissal letter
- Professional patient-dentist relationship FAQs



## Dentist Relationship

### Resolving Interpersonal Conflict with a Patient

**We are interested in hearing about your experience addressing interpersonal conflict in professional patient-dentist relationships.**

**Interpersonal conflicts or disagreements can arise between dentists and patients for various reasons. Sometimes they are the result of a single incident; other times they are the culmination of a series of incidents (e.g., non-compliance with office policies or inappropriate behaviors).**

\* 13. Have you ever experienced an interpersonal conflict or disagreement with a patient?

Yes

No



## Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

### Resolving Interpersonal Conflict with a Patient

\* 14. Think about the interpersonal conflicts or disagreements that you have experienced with patients. What types of issues have contributed to those situations? Please check all that apply.

Miscommunication

Interpersonal differences (e.g., political, cultural, religious)

Disagreement regarding a treatment plan or treatment options

Patient did not adhere to the treatment plan

Patient was unsatisfied with treatment outcome(s)

Patient was non-compliant with office policies

Patient exhibited rude or otherwise disruptive behavior in the office

Patient consistently missed appointments

Patient failed to pay an outstanding fee, or their account was in arrears

I prefer not to answer

Others? (please explain)

\* 15. In general, what steps did you take to resolve these interpersonal conflicts or disagreements, if any? Please check all that apply.

- I spoke with the patient directly, via a phone call or video call, to help resolve the situation
- I spoke with the patient directly, in-person, to help resolve the situation
- I wrote to the patient to help resolve the situation (e.g., hardcopy letter, e-mail)
- The office manager or another staff person spoke with, or wrote to, the patient to help resolve the situation
- I acknowledged the patient's perspective and/or perception of the situation
- I discussed options to resolve the situation with the patient (e.g., an adjustment of fees, further treatment, referral to a specialist for a second opinion, adjustment of office policies, etc.)
- After the conversation, a written follow-up was sent to the patient that summarized what was discussed
- I prefer not to answer
- Others? (please explain)



Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

Ending patient-dentist relationships

**We are interested in hearing about your experience ending professional patient-dentist relationships for reasons other than reaching the normal or expected conclusion of the patient's care, or your relocation or retirement from the practice of dentistry.**

**The Maintaining a Professional Patient-Dentist Relationship Practice Advisory communicates requirements and guidance for ending a patient-dentist relationship, particularly where there is a conflict between the dentist and the patient that cannot be resolved.**

\* 16. Have you ever ended a patient-dentist relationship for reasons other than having reached the normal or expected conclusion of the patient's care, relocation, or retirement?

- Yes
- No



Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-

## Dentist Relationship

### Ending patient-dentist relationships

\* 17. What factors have led you to end the patient-dentist relationship? Please check all that apply:

- Leaving the practice (i.e., ceasing to practice/retirement, relocation to an area that the patient cannot reasonably travel to)
- Reduction in practice size/hours
- Breakdown or loss of trust in the patient-dentist relationship due to an interpersonal conflict or disagreement that could not be resolved
- A conflict of interest arose (e.g., personal, financial or other) that would have compromised your ability to provide objective care moving forward.
- Inappropriate or disruptive patient behavior (e.g., threatening language)
- Unreasonable patient expectations regarding treatment outcomes
- Patient fraud, such as for the purpose of obtaining narcotics or other drugs
- Patient's willingness or ability to pay the full costs of care have changed (e.g., lost private insurance, enrolled in a government support program)
- Patient did not pay an outstanding fee or invoice
- Patient's needs for care changed such that their needs were outside your scope of practice.
- I prefer not to answer
- Others? (please explain)



Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

### Ending patient-dentist relationships



18. How important do you think it is for dentists to take the following actions when ending the dentist-patient relationship? When answering this question, assume that the relationship is not ending due to threatening or violent patient behaviour.

	Very Important	Important	Moderately Important	Low Importance	Not Important At All	Not Sure / Not Applicable
Providing verbal notice of the relationship ending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing written notice of the relationship ending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explaining to the patient why the relationship is ending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transferring the care of the patient to another dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing assistance to the patient in seeking a new dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offering to provide urgent or emergency care until the patient finds a new dentist (i.e., there is no set time limit on the offer to provide emergency care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making arrangements for the patient to obtain emergency dental services at another location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Others? (please explain)



Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

Ending the Patient-Specialist Dentist Relationship

\* 19. Do you think there are any unique considerations for ending a relationship between a patient and a specialist dentist (e.g., an orthodontist) prior to or as part of the natural or expected end of care?

- No
- I'm not sure
- Yes (please explain)



Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

Professional Patient-Dentist Relationships

**We would like to learn about any experiences you may have had with your patient-dentist relationship ending for reasons other than the natural or expected end of care. This may have occurred, for example, in a situation where there was a fundamental disagreement between you and your dentist that could not be resolved.**

\* 20. Has your dentist ever ended their professional relationship with you for reasons unrelated to the expected end of your care, or their retirement, relocation, or a leave of absence?

- Yes
- No
- I prefer not to say



Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

Professional Patient-Dentist Relationships

\* 21. What was the reason that your dentist ended the relationship? Please check all that apply.

- I moved away
- I joined a government-funded oral health program or started receiving social assistance
- I lost private insurance and could no longer afford care
- I was unable to pay an outstanding fee or invoice, or comply with payment terms outlined in an agreement between me and my dentist
- I or the dentist identified a conflict of interest (e.g., personal, financial or other professional interest or obligation) that could not be resolved and would have compromised the dentist's ability to provide objective care moving forward
- Dentist reduced their practice size/hours
- Dentist did not meet your expectations with respect to treatment outcomes
- Breakdown or loss of trust in the patient-dentist relationship due to an interpersonal conflict or disagreement that could not be resolved
- Disciplinary action against the dentist by the RCDSO resulting in the revocation or suspension of their license, or other disciplinary outcomes
- The proposed treatment was outside of the dentist's scope of practice
- Others? (please explain)

\* 22. Did your dentist first try to resolve the issue that led to them ending the patient-dentist relationship? If so, how?

- No
- Not Applicable
- Yes, please explain



Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

Professional Patient-Dentist Relationships

**We are interested in hearing your opinions about dentists resolving interpersonal conflicts or disagreements with patients.**

23. In your opinion, how important is it for dentists to take the following actions when resolving an interpersonal conflict or disagreement with a patient?

	Very Important	Important	Moderately Important	Low Importance	Not Important At All	Not Sure/ Not Applicable
The dentist should speak with the patient directly, via a phone call or video call, to help resolve the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The dentist should speak with the patient directly, in-person, to help resolve the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The dentist should write to the patient to help resolve the situation (e.g., hardcopy letter, e-mail)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The office manager or another staff person should speak with, or write to, the patient to help resolve the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The dentist should acknowledge the patient's perspective and/or perception of the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The dentist should discuss options to resolve the situation with the patient (e.g., an adjustment of fees, further treatment, referral to a specialist for a second opinion, adjustment of office policies, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After the conversation, the dentist should send a written follow-up to the patient that summarizes what was discussed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer not to answer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Others? (please explain)

Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

Professional Patient-Dentist Relationships

**We are interested in hearing your opinions about dentists ending professional patient-dentist relationships.**

24. In your opinion, how important is it for dentists to take the following actions when ending a patient-dentist relationship?

	Very Important	Important	Moderately Important	Low Importance	Not Important At All	Not Sure / Not Applicable
If there has been any sort of interpersonal conflict or disagreement between the patient and the dentist, the dentist should try to resolve the conflict or disagreement before ending the patient-dentist relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The dentist should transfer the patient's care to another dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The dentist should provide verbal notice of the relationship ending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The dentist should provide written notice of the relationship ending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The dentist should explain the reason for the relationship ending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The dentist should offer urgent or emergency care until a new dentist has been found	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The dentist should support the patient in finding a new dentist (e.g., provide suggestions for how the patient can find a new dentist, provide contact information for other dentists)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Others? (please explain)

Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

Review of the Maintaining a Professional-Patient-Dentist Relationship Practice Advisory

**We would like to ask you some questions about the current Maintaining a Professional Patient-Dentist Relationship Practice Advisory. To answer these questions, it is important that you have read the Practice Advisory.**

**If you have not read the Practice Advisory, you can do so by clicking [here](#). The Practice Advisory is less than 4 pages in length.**

\* 25. Have you read the current Maintaining a Professional Patient-Dentist Relationship Practice Advisory?

- Yes, I have read the Practice Advisory
- No, I have not read the Practice Advisory (if you answer “no”, you will be skipped to the next set of questions in this survey)



Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

Evaluating the Maintaining a Professional Patient-Dentist Relationship Practice Advisory

**The following questions will help us understand if the current Practice Advisory, linked [here](#), meets your needs and/or expectations, and if not, why.**

\* 26. In your opinion, how clear is the current Practice Advisory?

- Extremely clear
- Very clear
- Somewhat clear
- Not so clear
- Not at all clear

Optional: What about the current Practice Advisory is unclear, if anything?

\* 27. Overall, do you think the current Practice Advisory includes the important and relevant topics related to maintaining and ending professional patient-dentist relationships?

- Yes
- Partially
- No
- I'm not sure

Optional: If any are missing, which important and relevant topics should be included, and why?

\* 28. Do you think the current Practice Advisory includes any unnecessary information that should be removed (e.g., unnecessary requirements, guidance, or other content)?

- No
- I'm not sure
- Yes

Optional: What information do you think is unnecessary, if any, and why do you think it's unnecessary?

\* 29. Do you think the expectations in the current Practice Advisory are reasonable for dentists?

- Yes, all are reasonable
- Some are reasonable
- No, none are reasonable
- I'm not sure

Optional: Which expectations in the current document do you think are unreasonable, if any, and why do you think they are unreasonable?

\* 30. Do you think the current Practice Advisory adequately supports dentists in providing safe and effective oral health care?

- Yes
- Partially
- No
- I'm not sure

Optional: How do you think the current Practice Advisory could more effectively support dentists in providing safe and effective oral health care, if at all?



Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

Sample Dismissal Letter

**We would like to ask you about the RCDSO's current sample patient dismissal letter. To answer these questions, it is important that you have read the letter.**

**The sample dismissal letter is half a page long and can be found [here](#).**

\* 31. Have you read the current sample dismissal letter?

- Yes, I have read the sample dismissal letter
- No, I have not read the Practice Advisory (if you answer "no", you will be asked for your final feedback on this Practice Advisory)



Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

Sample Dismissal Letter

\* 32. Do you think the current sample patient dismissal letter is helpful?

- Very helpful
- Helpful
- Somewhat helpful
- Slightly helpful
- Not helpful at all

\* 33. Do you have any suggestions for how the sample patient dismissal letter could be improved or made more useful?

- No
- Yes (please explain)



## Dentist Relationship

### Final Feedback on the Practice Advisory

34. Optional: Please share with us any feedback that you have not already provided related to this Practice Advisory or on the topic of professional patient-dentist relationships.



## Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

### Demographics Introduction

#### Questions for all respondents, except organizations

We welcome you to voluntarily share some demographic information about yourself. The RCDSO strives to protect the public interest while using processes that achieve meaningful equity, diversity, inclusion and accessibility across all of our regulatory programs and projects.

Therefore, we are collecting demographic information to help us identify whether our consultation process is inclusive, and whether we are receiving a diversity of perspectives.

Please note that any demographic information that you provide through the survey will be anonymous, and your responses will be stored securely. Your demographic information will be aggregated for internal/external reporting purposes and will not be linked to you.

\* 35. Would you like to complete these demographic questions?

- Yes
- No



## Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

### Demographics

\* 36. What is the location of your primary residence?

- Ontario
- Another province or territory in Canada, please specify
- Outside of Canada
- I prefer not to answer
- Another province or territory in Canada (please specify)

\* 37. Describe the general area where your primary residence is located.

- Extra-large urban area (population of 500,000 or more)
- Large urban area (population between 100,000 and 499,999)
- Medium urban area (population between 30,000 and 99,999)
- Small urban area (population between 1,000 and 29,999)
- Rural and/or remote (population less than 1,000)
- I prefer not to answer
- Other (please specify)

\* 38. How old are you?

- 19 years old or under
- 20-29 years old
- 30-39 years old
- 40-49 years old
- 50-59 years old
- 60-69 years old
- 70+ years old
- I prefer not to answer

\* 39. What is the highest level of education you have completed?

- Some high school
- High school
- College degree/diploma
- Bachelor's degree
- Master's degree
- Ph.D. or higher
- Dental degree (BDS/DDS/DMD or higher)
- Other professional degree (e.g., law, medicine, engineering)
- Trade school
- I prefer not to answer
- Other (please specify)

\* 40. Please indicate which of the following terms best describes your gender identity. Please check all that apply (options are listed in alphabetical order - click [here](#) for definitions of the following terms):

- Genderqueer
- Man
- Nonbinary
- Questioning
- Two-Spirit
- Woman
- Other (please specify)

- I prefer not to answer

\* 41. Do you identify as trans/transgender or consider yourself to be a part of a trans/transgender community?

- Yes
- No
- Not sure
- I prefer not to answer

\* 42. Please indicate which of the following terms best describe your sexual orientation. Check as many as apply (options are in alphabetical order).

- Asexual
- Bisexual
- Gay
- Heterosexual
- Lesbian
- Pansexual
- Queer
- Questioning
- Two-Spirit
- Other (please specify)

- I prefer not to answer

\* 43. Do you identify as an Indigenous person? Please check all that apply.

- Yes, First Nations (Status and Non-Status)
- Yes, Métis
- Yes, Inuit
- Yes, an Indigenous person from outside of Canada
- I prefer not to answer
- Yes, other (please specify)

- No

\* 44. Please describe your ethnicity in whatever terms are most meaningful to you.

\* 45. Do you speak French?

- Yes, I am fluent
- Yes, but with significant limitations
- No
- I prefer not to answer

\* 46. What is your faith, religion and/or spiritual affiliation? Please check all that apply.

- Agnostic
- Atheist
- Buddhist
- Christian
- Hindu
- Indigenous spirituality
- Jewish
- Muslim
- Sikh
- I prefer not to answer
- Other (please specify)

- No religion or spiritual affiliation

\* 47. Do you identify as a person with a disability or disabilities?

- Yes
- Sometimes, depending on the context
- No
- I prefer not to answer



Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

Demographics (Disability Type)

\* 48. Describe your disability. Please check all that apply (options are listed in alphabetical order).

- Auditory
- Cognitive (memory, focus, attention, consciousness, etc.)
- Dexterity (related to use of fingers, hands, etc.)
- Developmental
- Fatigue-related
- Flexibility
- Gastrointestinal
- Intellectual (e.g., Learning)
- Invisible
- Mobility (movement, balance, coordination, etc.)
- Mental Health-related
- Pain-related
- Sight
- Speech
- Urinary
- Other (please specify)

- I prefer not to answer



Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

Survey Evaluation

**Thank you for participating in our survey!**

49. How would you rate your overall survey experience?

Very negative	Negative	Neutral	Positive	Very positive
★	★	★	★	★



Preliminary Consultation Survey: Maintaining/Ending a Professional Patient-Dentist Relationship

Survey Evaluation

50. How might your survey experience be improved?