



Dental Patient Experience Checklist 2026: Service Excellence & Satisfaction

Pre-Appointment Engagement

Steps to ensure a seamless-first impression, including appointment reminders, digital intake completion, and personalized welcome communications.

Appointment Reminder Method

- ☐ SMS/Text Message
- ☐ Email
- ☐ Phone Call
- ☐ Patient Portal Notification

Reminder Sent Date

Pre-Appointment Tasks Completed

- ☐ Digital Intake Forms Sent
- ☐ Insurance Verification Confirmed
- ☐ Medical History Updated
- ☐ Pre-Visit Instructions Provided

Patient Specific Notes

Write something...

Copy of Completed Digital Consent Form

 Upload File

Arrival & Reception Experience

Checkpoints for the front desk staff regarding greeting protocols, wait-time management, and the comfort of the waiting area environment.

Patient Greeting Protocol Followed?

☐ Yes

☐ No

Patient Wait Time (Minutes)

Write something...

Reception Area Amenities Check

- ☐ Water/Refreshment Station Stocked
- ☐ Waiting Room Cleanliness Verified
- ☐ Digital Check-in Tablet Functional
- ☐ Magazine/Reading Material Updated

Patient Arrival Time

Enter time...

Patient Specific Comfort Requests or Notes

Write something...

Staff Member Verification

Clinical Handover & Chairside Manner

Standardized procedures for clinical staff to ensure patient comfort, clear communication of procedures, and empathetic interaction during treatment.

Patient Comfort Checklist

- ☐ Patient was greeted by name
- ☐ Blanket/pillow/eye cover offered
- ☐ Temperature/Room comfort verified
- ☐ Patient pain level assessed

Communication Style Used

- ☐ Verbal explanation of procedure
- ☐ Visual aid/Intraoral photo shown
- ☐ Written post-op summary provided

Patient Concerns Noted

Write something...

Clinical Handover Summary

Write something...

Clinician Verification

Treatment Transparency & Communication

Audit points for explaining treatment plans, discussing costs clearly, and ensuring the patient understands all diagnostic findings.

Diagnostic Tools Used for Presentation

- ☐ Intraoral Photos
- ☐ Digital X-Rays
- ☐ 3D CBCT Scans
- ☐ Intraoral Scanner/Digital Impression
- ☐ Periodontal Probing Charts

Treatment Plan Summary

Write something...

Estimated Total Treatment Cost (\$)

Enter a number...

Patient Understanding Level

- ☐ Fully Informed
- ☐ Requires Further Clarification
- ☐ Needs Follow-up Call

Patient Concerns or Questions Noted

Write something...

Patient/Guardian Acknowledgment of Treatment Options

Post-Treatment & Checkout Protocol

Procedures for managing post-op instructions, scheduling follow-up care, and facilitating a smooth payment and checkout process.

Post-Treatment Instructions Provided

- ☐ Pain Management Instructions
- ☐ Dietary Restrictions/Post-Op Diet
- ☐ Oral Hygiene Instructions
- ☐ Emergency Contact Information

Next Appointment Scheduled

- ☐ Yes
- ☐ No - Pending Treatment Plan
- ☐ No - Patient Requested Call Back

Follow-up Appointment Date

Payment Amount Collected

Patient Concerns or Feedback Noted During Checkout

Write something...

Staff Member Verification

Post-Visit Follow-Up & Retention

Tasks related to post-operative calls, satisfaction surveys, and managing the transition to the next scheduled appointment.

Follow-up Call Completion Date

Enter date...

Patient Satisfaction Rating

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied

Follow-up Tasks Completed

- ☐ Post-op call made
- ☐ Review request sent
- ☐ Next appointment confirmed
- ☐ Feedback survey received

Patient Feedback Notes

Write something...

Staff Member Verification

Facility Environment & Sensory Audit

Maintenance of office aesthetics, cleanliness, scent, and ambient noise levels to optimize the-patient sensory experience.

Area Inspection Checklist

- ☐ Waiting Room
- ☐ Reception Desk
- ☐ Clinical Operatories
- ☐ Sterilization Area
- ☐ Restrooms

Ambient Lighting Level

- ☐ Optimal
- ☐ Too Dim
- ☐ Too Bright/Harsh

Acoustic/Noise Control

- ☐ Quiet & Professional
- ☐ Distracting/Loud

Odor/Scent Assessment

Write something...

Maintenance Issues Identified

Write something...

Photo Documentation

 Upload File

Auditor Verification

Feedback Loop & Quality Improvement

Systems for capturing patient reviews, analyzing satisfaction scores, and implementing corrective actions based on patient input.

Sources of Patient Feedback

- ☐ Google Reviews
- ☐ In-Office Surveys
- ☐ Email/SMS Follow-ups
- ☐ Direct Verbal Feedback
- ☐ Social Media Mentions

Average Monthly Net Promoter Score (NPS)

Enter a number...

Summary of Recurring Patient Complaints

Write something...

Primary Area for Improvement

- ☐ Communication
- ☐ Wait Times
- ☐ Billing/Pricing Transparency
- ☐ Clinical Care
- ☐ Facility Cleanliness

Date of Last Feedback Audit

Enter date...

Practice Manager Review Confirmation

< Previous

> Next

✓ Finish

🔗 Generate Sample Report