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## **Field Contribution Activity: Patient Feedback**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: You will need to provide feedback cards/forms for patients to complete (at their own leisure) for a minimum of 6 months (or a minimum of 20 completed feedback cards) in order to fulfill this field contribution activity.**

1) How many completed feedback cards did you receive back this year? \_\_\_\_\_

2) Were the comments on the feedback cards to your satisfaction?

Yes \_\_\_\_\_ Somewhat \_\_\_\_\_ No \_\_\_\_\_

Please explain your response:

3) Did you find the feedback cards useful to your practice?

Yes \_\_\_\_\_ Somewhat \_\_\_\_\_ No \_\_\_\_\_

If you have stated No, what do you feel has better helped you understand your patient's needs or concerns about your practice as a Denturist.

**\*Please attach the blank copy of the patient feedback card/form that is given to your patients and return it to the College. Keep patient feedback cards on file in your Quality Assurance Binder.**