



**Chatham County Safety Net Planning Council
Free Adult Dental Clinic
In Partnership with Remote Area Medical-RAM®
DENTAL CLINIC PATIENT SURVEY**



1. Name and Address (By providing your name and address you will allow Chatham County Safety Net Planning Council to send you communications regarding future dental and other events.)

2. ZIP CODE

3. Email address (By providing your email address you agree to receive communications regarding future dental clinics and other events through Chatham County Safety Net Planning Council.)

4. Would you like to receive emails (using email address above) over the next 12 months reminding you to replace your toothbrush, have a cleaning, do oral cancer self screen, etc? YES NO

5. Who referred you to the free dental clinic?

6. What service(s) did you receive at the clinic?

- | | |
|--|---|
| <input type="radio"/> General exam | <input type="radio"/> Filling for cavity |
| <input type="radio"/> Cancer Screening | <input type="radio"/> Extraction/had tooth pulled |
| <input type="radio"/> Cleaning | <input type="radio"/> Oral hygiene/other dental education |

7. Were you referred to another dental professional for follow-up or long-term care? If yes, who?

8. How satisfied were you with the care you received at the free adult dental clinic? (scale from 1 star-not satisfied to 5 star-very satisfied)



9. Would you be interested in another dental clinic or healthcare event from the Chatham County Safety Net Planning Council? What kind of events?

10. Please provide any feedback you have regarding the free adult dental clinic.