

## Verbal Feedback

Our ref:

<p><b>Patient care</b> Effective provision of preventative dentistry Treatment options Treatment provided Patient attitude/satisfaction <b>Action agreed</b></p>
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<p><b>Patient records and radiographs</b> Patient identifiers Medical history Charting Patient information Treatment planning Treatment provided Recall interval Administration Prescription of radiographs Clinical evaluation Film quality Administration <b>Action agreed</b></p>
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Signature (DRO):

Signature (Performer):

Name:

Name:

Date:



Our ref:

(blank)

## Practice Environment Assessment

Our ref:

<b>Essential action points</b>
<b>Surgery environment</b>
Documentation
Documentation – written policies
Staff training and education
Premises
Clinical facilities
Resuscitation and drugs
Resuscitation – sedation carried out
Action agreed
<b>Desirable action points</b>
<b>Surgery environment</b>
Documentation
Documentation – written policies
Staff training and education
Premises
Clinical facilities
Resuscitation and drugs
Resuscitation – sedation carried out
Action agreed

Signature (DRO):

Signature (Performer):

Name:

Name:

Date:

## Surgery Environment Overview (if full inspection not carried out)

Our ref:

Action points
Cleanliness and décor
Basic cross infection control
Health and Safety
Administration/staff
Confidentiality
Do you have any concerns you wish to discuss?
Action agreed

Signature (DRO):

Signature (Performer):

Name:

Name:

Date: