



## Feedback Form 意見表格

### Treatment Record 治療紀錄

Have you received any treatment at our Hospital? 您是否曾在本院接受治療? ☐ Yes 是 ☐ No 否

Who do you like to provide feedback on? 您希望對哪位人員提供意見?

☐ BDS Student ☐ Student Dental Hygienist ☐ Teaching Staff ☐ Dentist on duty ☐ Others 其他  
牙醫學院本科生 牙科衛生員學生 教職員 當值牙科醫生 Please specify 請注明:

Please provide the full name of the relevant person  
請提供有關人員姓名

### Your Feedback 你的意見

Overall satisfaction 整體滿意度:

☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied  
非常滿意 滿意 一般 不滿意 非常不滿意

### Additional comments 其他意見

(Please use additional paper if necessary 如有需要，可另紙書寫)

Please provide your personal particulars if you wish the Hospital to contact you or issue a reply to you.  
如你希望本院與你聯絡或給予回覆，請提供你的個人資料。

### Personal Particulars 個人資料

Name in Chinese 中文姓名/ (Mr先生 / Mrs太太 /  
Name in English 英文姓名 Ms女士 / Miss小姐)\*

Record No. (if any) Contact No. 聯絡電話  
檔案號碼(如有)

Correspondence Address 通訊地址#

Email Address 電郵地址#

### Statement of Collection of personal information 採集個人資料聲明

The personal data collected in this form will be used solely for record keeping and follow-up purposes. The Hospital may contact you for further information if necessary.

本表格所收集的個人資料僅用於存檔及後續跟進事宜。如有需要，本院可能會聯絡你以獲取更多資料。

### Acknowledgement 確認

I hereby confirm that the information provided above is true and accurate. 本人確認以上所提供資料屬實。

Signature of Feedback Provider 意見提供者簽署

Date 日期

\* Please delete as appropriate 請刪去不適用者

☐ Please tick the checkbox as appropriate 請於適當的空格加上剔號

# Optional (for contact purpose or written reply only) 可選填(只用於聯絡或書面回覆)

## **Procedures for Obtaining, Submitting and Handling the Feedback Form**

### **1. Obtaining the Feedback Form**

Members of the public and patients may obtain the Feedback Form through the following channels:

- Download from The Prince Philip Dental Hospital (PPDH) website; or
- Request a printed copy at the Reception Counter on any floor of the Hospital

### **2. Submission of the Feedback Form**

Completed Feedback Form can be returned by the following means:

- In person: Submit the form to staff at the Reception Counter;
- By drop box: Put the form in the Suggestion Box near Counter No. 8 on the 1<sup>st</sup> floor of the Hospital;
- By e-mail: Send the form by e-mail to [enquiry@ppdh.org.hk](mailto:enquiry@ppdh.org.hk);
- By post: Send the form to PPDH, 34 Hospital Road, Sai Ying Pun, Hong Kong; or
- By fax: Send the form by fax at 2859 0232

### **3. Handling of the Feedback**

The Patient Relations Officer (PRO) will review the submitted form to ensure completeness. Feedback will be referred to the relevant clinic, department or teaching team for appropriate follow-up actions, including but not limited to, improving the training of dentists and dental care professionals, and improving the quality of patient care.

The Hospital may contact the patient or feedback provider for further information where necessary.

### **4. Personal Information Collection Statement**

All personal data collected in the Feedback Form is for the purpose of handling feedback from the provider. The personal information will be retained by PPDH for as long as it deems necessary or useful. The personal data will be handled in accordance with the Personal Data (Privacy) Ordinance.

## **取得、提交及處理意見表格的程序**

### **1. 取得意見表格**

公眾人士及醫院病人可透過以下途徑取得意見表格：

- 從菲臘牙科醫院（「醫院」）網站下載；或
- 前往醫院的接待處索取紙本意見表格

### **2. 提交意見表格**

填妥的意見表格可透過以下方式提交：

- 親自提交：將表格提交給接待處職員；
- 投入意見箱：將表格投入位於醫院1樓8號櫃檯旁的意見箱；
- 電子郵件提交：電郵表格至[enquiry@ppdh.org.hk](mailto:enquiry@ppdh.org.hk)；
- 郵寄提交：將表格郵寄至香港西營盤醫院道34號菲臘牙科醫院；或
- 透過傳真：請將表格傳真至 2859 0232

### **3. 處理意見表格**

病人聯絡主任將檢視意見表格及其完整性，並轉交意見表格至相關診室、部門或教學團隊，以便採取適當的跟進，包括但不限於改善牙醫及牙科護理專業人員的培訓和提升服務質素。

如有需要，醫院或有關部門將與病人或意見提供者聯絡。

### **4. 收集個人資料聲明**

意見表格所收集的個人資料只用作處理意見回饋之用。醫院會將個人資料保留直至完成收集個人資料目的為止。有關個人資料將按照個人資料(私隱)條例處理。