



Dear Patients,

We make all efforts to serve our patients well. We appreciate your feedback on various aspects of our services provided. Kindly spend some minutes to complete the simple form below and drop it into the box at the clinic. Thank you!!



Date of Visit: _____ Time of Visit: _____

On Clinic receptionist & Admin : Please tick one box

1. How satisfied are you with the service provided by the receptionist/admin?



Very dissatisfied



Dissatisfied



No comments



Satisfied



Very Satisfied

On Doctor on Duty: Please tick one box

2. How do you feel about your experience with the doctor in the treatment room?



Very dissatisfied



Dissatisfied



No comments



Satisfied



Very Satisfied

If you are dissatisfied or very dissatisfied, please let us know what happened.

3. Any additional feedback?

Name, Phone Number & Email: _____

THANK YOU FOR YOUR FEEDBACK