Patient Satisfaction Survey

Give us your feedback by completing our Patient Satisfaction Survey and help us improve our services. Let us know your thoughts on the quality of the medical care, hygiene and doctor-patient communication. Thank you for your time!

How satisfied were you with the services we have provided you from a scale of 0 to 5?*

	0	1	2	3	4	5
Hygiene	○	○	○	○	○	○
Waiting Time	○	○	○	○	○	○
Professionalis...	○	○	○	○	○	○

Your Name*

First

Last

Your Email*

Gender*

○ M

○ F

Department you have visited*

Please select

Do you have any additional comments or suggestions to add?

Verification*

☐ I'm not a robot

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Privacy - Terms

SEND