Patients Feedback Form

Name: Anojaya Roy

Date of admission: 10 6 24

How did you know about this hospital?

Known earlier

/ Referred by other doctor / Insurance / Any other

Your impression	Above Average	Average	Below Average						
Nursing staff:									
Support staff:	~								
Cleanliness of wards, toilets:									
Information about various procedures :									
Response time to bell :									
Adequacy of facilities :			ų.						
Linen cleanliness:	V	,							

Any suggestion to improve quality:

Any specia	l remarks :	All Sis	ters of	help:	ng Staf	f are	
Very	l remarks : / Suppostive	and	friendly	. Had	homely	Chrisa	nment
Date		V	Patient's Signature				
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