

## Patients Feedback Form

Name : Mrs Puva Agrihota

Date of admission : 31/1/2024

How did you know about this hospital? - Ref. from one of my Doctor

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 :	✓		
Linen cleanliness :	✓		

Any suggestion to improve quality :

Any special remarks : Overall all service & support from Doctors & nursing staff is very good, & polite in nature. Thank you

Date

Patient's Signature

Puva Agrihota