

## Patients Feedback Form

Name : Mrs. Saylee Pranav Moghe

Date of admission : 14/1/2024

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 :	✓		
Linen cleanliness :	✓		

Any suggestion to improve quality :

Any special remarks : Thank you for all the help everyone here has given. All of them were very helpful

Date 18/1/2024

Patient's Signature

