

Patients Feedback Form

Name : *MRS. SMITA SANTOSH BHABAL*

Date of admission : *03/04/2024* -

How did you know about this hospital? - *MY FRIEND - MR. VIDYADHAR PARAB - (B.FARMA)* -

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 : *ALL GOOD! THANK YOU!*

Date *07/04/2024*

S. Bhabal
Patient's Signature

SMITA SANTOSH BHABAL