

Patients Feedback Form

Name : *Supriya Mehendale*

Date of admission : *1 Aug 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 : *None.*

Any special remarks : *Everything is excellent & has homely feeling*

Date *6 Aug 2024*


Patient's Signature