

Patients Feedback Form

Name : Sweety Mhatre

Date of admission : 12-08-2024

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 :

BEST DOCTORS AND STAFF AVAILABLE.

Date 15-08-2024


Patient's Signature