

# TOP Medical Clinic



Please complete this form to share your experience with us.

Doctor's Name : Teresa

Date of Visit: 3<sup>rd</sup> October 2018 (10:20 AM)

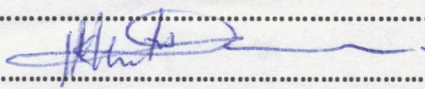
Feedback (please be specific): ~~Great~~ Excellent service from the first point of call at reception to the Doctor who took my blood.

They all made me feel welcome and very comfortable.

The Doctor was very calming and made sure I was able to understand the procedure.

Suggestions for change or improvement:

N/A

Signature (Optional) 

Thank you for allowing us to serve you



# TOP Medical Clinic

Please complete this form to share your experience with us.

Doctor's Name: 151630

Date of Visit: 3rd October 2018 (10:50AM)

Feedback (please be specific):

~~Excellent service~~  
 From the first point of contact reception to the Doctor who took my blood.  
 Then all wounds were felt well cared and very comfortable.  
 The Doctor was very calm and made sure I was able to understand the procedure.

Suggestions for change or improvement:

AM

Signature (Optional)

Thank you for allowing us to serve you