

TOP Medical Clinic



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Please complete this form to share your experience with us.

Doctor's Name : DR. GROSICKA

Date of Visit: 11/21/2016

Feedback (please be specific):

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Thank you very much for a very professional visit
I will come back whenever I need some advice or help, and will
recommend your clinic to my friends. Regards, Marie
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Suggestions for change or improvement:

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Signature (Optional)

Thank you for allowing us to serve you

