

































# GURU NANAK INSTITUTE OF DENTAL SCIENCES AND RESEARCH

## PATIENT FEEDBACK FORM

( *Email the completed Feedback Form to [hosp\\_supt@jisgroup.org](mailto:hosp_supt@jisgroup.org) )*

Sl. No	Parameters ( <i>Kindly Tick in the Appropriate Circle</i> ) <i>Please rate your experience for the following</i>	Very Poor	Poor	Average	Good	Very Good
1.	Registration and Appointment Process					
2.	Attitude and Communication by Staff / Doctors					
3.	Cleanliness and Hygiene of the Hospital					
4.	Satisfaction Level with the Treatment Received					
5.	Was your Treating Doctor supervised by a Senior Doctor ?					
6.	Overall Satisfaction With Your Visit to Hospital					
7.	Will You Recommend This Hospital to Family / Friends ?	Yes / No				

**Any Other Comments:**