Rehman Hospital

Customers FeedBack Form			164	3 10	
Dear Guest/Patient,			.8. 9.	100	
Your feedback is important for us. Please give your comment & hand it over at Reception,					
Name: Lab No:					
Adress: January Cod. Shally Tana					
Contact No#: Email:					
Please give your complain/suggestion in case of remarks 2 & 1					
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Comica Attail	Excellent	Re			
Service Attribute	4	very Good	Satisfactory 2	Poor 1	
Front Desk/Reception	1	-		-	4
2 OutLook Of Hospital					-{
3 Hospital House Keeping, Hygeine & sanitation Condition	1 1/	 			4
Courtesy Of Staff		·			-{
5 Doctor Kindness					
6 Nurse Patience & Knowledge	1				
7 Our Lab Services & Lab Reports	1/		+		
8 Services Of Our Hospital as Compare To Other	1/,				4
9 Waiting Area					-
What Aspects should be Improved In your Mind?					
Signature:				-	
Date: 20, Dec 12023					
Rehman Hospital	42				
Customers FeedBack Form			-	S. Carrie	
Dear Guest/Patient,			i i		
Your feedback is important for us. Please give your comment & hand it over at Reception.					
Name: Lab No:					
Adress:					
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Please give your complain/suggestion in case of remarks 2 & 1					
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Commission All II.	Excellent	Excellent Very Cook S			
	4	3		Poor	
1 Front Desk/Reception			2	1	4.7
2 OutLook Of Hospital					
Hospital House Keeping, Hygeine & sanitation Condition	-				
4 Courtesy Of Staff					
5 Doctor Kindness					
6 Nurse Patience & Knowledge					
7 Our Lab Services & Lab Reports					
8 Services Of Our Hospital as Compare To Other					
9 Waiting Area					

Date: 23,12,2023 we cove thankfell of Riching Hospiled Steeff.