Rehman Hospital

Customers FeedBack Form



Dear Guest/Patient,		
	 DI	com

Your feedback is important for us. Please give your comment & hand it over at Reception.

Name: Yazan	Lab No:
Adress: <u>G11/2</u>	
Contact No#17208960	78nla/1:3

Please give your complain/suggestion in case of remarks 2 & 1

Please gi	ve your complain/suggestion in case of remarks 2 & 1	Remarks			
	Service Attribute	Excellent 4	Very Good	Satisfactory 2	Poor 1
S#No	Front Desk/Reception	- 227 E 4		,	
1					
2	OutLook Of Hospital				
3	Hospital House Keeping, Hygeine & sanitation Condition				
4	Courtesy Of Staff			-	
5	Doctor Kindness				
6	Nurse Patience & Knowledge	1			
7	Our Lab Services & Lab Reports	1			
-/-	Services Of Our Hospital as Compare To Other		1		
9	Waiting Area				

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What Aspects should be Improved In your Min? Some care in	00
Signature: Date: 2023//2/25	
Signature: Date: 2065/1/(/65	

