



## CUSTOMER FEEDBACK FORM

Thank you for taking the time to complete this survey which will take around 1 minute.

Based upon your experience today:

How likely would you be to recommend a friend or family member to Modern Medical Clinics?

(1 not likely – 10 very likely)

1	2	3	4	5	6	7	8	9	10
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Please tick the one most suited to your experience:    Excellent    Good    Poor

Staff friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinic Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience with Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Doctor you saw today:.....

Other comments:.....

.....

Receptionist who assisted you today: .....

Name:.....

Phone:.....