

TOP Medical Clinic



Please complete this form to share your experience with us.

Doctor's Name : *Terna Dzieniecka*

Date of Visit: *25/07/2015*

Feedback (please be specific):

*pozi. przegrzanie, bardzo delikatne i profesjonalne
wskazanie, doskonała obsługa, super jakość
polecam*

Suggestions for change or improvement:

Signature (Optional) *Obc...*

Thank you for allowing us to serve you

