

TOP Medical Clinic



Please complete this form to share your experience with us.

Doctor's Name :

Date of Visit: *MAR 2017*

Feedback (please be specific):

*Barozzo miła, umie bardzo
dobrze i dokładnie wszystko
zdiagnozować. Godne polecenia.*

Suggestions for change or improvement:

Signature (Optional) *[Signature]*

Thank you for allowing us to serve you

