

TOP Medical Clinic



Please complete this form to share your experience with us.

Doctor's Name : *Weronika Caruso*

Date of Visit: *17.10.2018*

Feedback (please be specific):

Jestem bardzo zadowolona z wizyty u Pani Weroniki. Bardzo profesjonalnie podchodzi do swojej pracy. Polecam i napewno wróce

Suggestions for change or improvement:

Signature (Optional) *House Care*

Thank you for allowing us to serve you