

TOP Medical Clinic



Please complete this form to share your experience with us.

Doctor's Name : *Weronika Caruso*

Date of Visit: *28.11.2018*

Feedback (please be specific):

Bardzo profesjonalna obsługa
Miła i przyjazna atmosfera

Suggestions for change or improvement:

/

Signature (Optional) *Weronika*

Thank you for allowing us to serve you

