

TOP Medical Clinic



Please complete this form to share your experience with us.

Doctor's Name : *MAGDALENA WOLINSKA*

Date of Visit: *25.07.2015*

Feedback (please be specific):

*Baszko mi się podobało.
baszko sympatyczny personel
i jestem bardzo zadowolony
z leczeniem.*

Suggestions for change or improvement:

Signature (Optional) *Denise Felowc*

Thank you for allowing us to serve you

