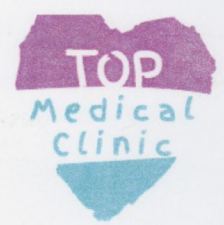


TOP Medical Clinic



Please complete this form to share your experience with us.

Doctor's Name : *Teresa Szwedka*

Date of Visit: *27/07/2015*

Feedback (please be specific):

UROZNA I PRZEMITA OSOBA :)

Suggestions for change or improvement:

Signature (Optional) *Szwedka Teresa*

Thank you for allowing us to serve you

