



B B EYE FOUNDATION

PATIENT FEEDBACK FORM - INPATIENT DEPARTMENT

We welcome your feedback & suggestions to help us continuously improve our quality of services.

Name :

Address :

.....

Contact No :

Email Id :

Date :

Please tell us about yourself

Why did you choose B B Eye Foundation?

- My doctor's recommendation
- Family / Friend's recommendation
- Previous experience here
- Our location/image
- Others, please specify

Is this your first visit to our Hospital?

- Yes
- No

Would you recommend B B Eye Foundation to your friends / relatives?

- Yes
- No

Generally, how did our hospital meet your expectations?

Excellent

Good

Satisfactory

Unsatisfactory

COMMENTS / SUGGESTIONS

.....

.....

.....

.....

On behalf of the Management and Staff, **B B EYE FOUNDATION** sincerely thanks you for choosing our eye hospital and for sparing your valuable time for filling this Feedback Form.

B B EYE FOUNDATION

Sukhsagar, 2/5, Sarat Bose Road, Kolkata – 700 020.
Ph : 033 24746608 / 033 24748816 / 09836789507
Email : bbef10@gmail.com; Website : www.bbeye.in

We would greatly appreciate if you could take a few minutes to fill in this form and drop it into our Feedback Form Box.

YOUR FEEDBACK IS IMPORTANT IN HELPING US TO CONTINUOUSLY IMPROVE OUR PATIENT SERVICES.

Ward	Excellent	Good	Average	Poor
Waiting Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polite & Courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly & Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Impression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operation Theatre	Excellent	Good	Average	Poor
Waiting Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polite & Courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly & Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Impression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LASIK Centre	Excellent	Good	Average	Poor
Waiting Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polite & Courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly & Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Impression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Quality of Care	Excellent	Good	Average	Poor
Waiting Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polite & Courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly & Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Impression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Assistance	Excellent	Good	Average	Poor
Waiting Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polite & Courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly & Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Impression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Areas	Excellent	Good	Average	Poor
Waiting Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polite & Courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly & Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Impression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>