



B B EYE FOUNDATION

PATIENT FEEDBACK FORM - OUTPATIENT 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.

| Reception | 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"/> |
| | | | | |
| Cashier | 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"/> |
| | | | | |
| Optometry | 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"/> |
| | | | | |
| Phone Booking | 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"/> |
| | | | | |
| Patient Co ordination | 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"/> |
| | | | | |
| 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"/> |
| | | | | |