

# Dr L H Hiranandani Hospital

"We'll treat you™"

ISO 9001 2008 CERTIFIED  
DAR & NABCB ACCREDITED



## A NABH Accredited Hospital

(National Accreditation Board for Hospitals & Healthcare Providers An initiative of Quality Council of India)

### CENTRE FOR ADVANCED DENTISTRY FEEDBACK FORM

Name of the Patient : Sunil Sharma Consultant's Name :  
Date : 21/7/2015 Telephone Number : 98 21635666  
Email id : Sunil.Sharma@larsentubso.com  
1. First visit ☐ Follow up ☒

2. How did you come to know of the Dr. L H Hiranandani Hospital Dental centre?

- a. Doctor  
b. Family & Friends  
c. Advertisements  
d. Others

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please specify \_\_\_\_\_

3. Was it easy getting an appointment according to your preferred date and time?

☒ Yes

☐ No

4. Waiting time to see the doctor

☒ <15 min.

☐ 15-30 mins.

☐ >30 mins.

5. Information about the procedure shared by the doctor:

☒ Excellent

☐ Good

☐ Inadequate

6. Attending staff behavior:

☒ Excellent

☐ Good

☐ Inadequate

7. Ambience:

☒ Excellent

☐ Good

☐ Poor

8. Cleanliness:

☒ Excellent

☐ Good

☐ Poor

9. Overall Experience:

☒ Excellent

☐ Good

☐ Poor

10. Did the doctor recommend you to come for any further treatment, if required, to -

☒ Dr. L H Hiranandani Dental Centre

☐ Other centre

Suggestions if any:

Excellent attention & treatment. Dr. Gauram's behaviour & motivation towards patient is just GR8. Happy!

Signature of Patient / Relative : \_\_\_\_\_

THANK YOU FOR YOUR VALUABLE FEEDBACK