

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 : Takeshi Yoshiyama Consultant's Name : Gantam Kikeri
Date : Mar. 10 2015 Telephone Number : 9167397790
Email id : take828@gmail.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 ☐

Please specify

Shigeyoshi Aizawa

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:

Everything is very good.

Signature of Patient / Relative :

[Signature]