## KONGUNAD HOSPITALS (P) LIMITED FEED BACK FORM

Dear Sir / Madam We are constantly striving to improve the qualit	y of our service :	at Kongunad hosp	ital serve you bet	ter, may we invite you to share your valuable	
suggestions with us. Your comments are strictly confidential Patients Name		TPNo			
Address			Room No.		
		Admission I	Admission Date.		
Cell No: \$190999957			Discharge Date.		
Kindly tick the box as per your consensus					
	Good	Satisfactory	Poor	Suggestions	
Reception 1. Registration 2. Attended Promptly	4				
Nursing 1. Medication on time 2. Nursing Care 3. Bed linen change 4. Dietry & Medication Advice	SABA			VERY GOOD NURSING CARE, I LOVED ALL NURSES NO	
Doctors 1. Courtesy 2. Response to questions 3. Visited you regularly 4. Medical advice				DOCTORSALSO TAKED RARE OF US	
Nouse Keeping  1. Room regularly cleaned  2. Toilet cleaning (2 time)  3. Courtesy	10 P.			HOUSE KEEPINY ALSO GOOD.	
Maintenance 1. Air-Conditioning 2. Telephone 3. Lighting 4. Television 5. Door /Chair / Cot (Mentioned if any pesticides found)	o de do do				
Food and Dietary  1. Services prompt & efficient  2. Diet advice  3. Food quality and taste	440			VERY HYGIENIC FOOD	
Billing 1. Courtesy 2. Time consistence for discharge process					
Investigations Lab X-ray Scan CT Scan	HA/A/A				
Discharge Process  1. Ward clerk courtesy / Response					
Claim Process	D	, 🗆			
Kongunad Hospital Mobile APP facilities	76.	; 🗆			
Few points to Betterment of Hospitals					
YOU ARE A GREAT DOCTOR HEALING PEOPLE WITH					
you ARE A GREAT DOCTOR HEALING PEOPLE WITH YOUR TOUCH, YOUR A WONDERFUL PERSON AS WELL BRINGING JOY AND WARMTH TO OUR HEARTS					
BEST.	Wist	tes 1	0 1)		