



SAROJ GUPTA CANCER CENTRE & RESEARCH INSTITUTE

formerly known as

CANCER CENTRE WELFARE HOME & RESEARCH INSTITUTE

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FEED BACK FORM

(For patients who are seen in the OPD - to be dropped in the suggestion box of OPD)

Thank you for selecting our Hospital for the care of your patients. To help us in our constant effort in improvement of services, we would appreciate your valuable feed back & suggestions on the following :-

	Poor	Fair	Good	Excellent
1. Behaviour of the Receptionists at Central Enquiry & Registration Counter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Time taken for Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Waiting time to see a Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ambience of Waiting Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cleanliness of Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How did you come to know about our Hospital				
7. Were you satisfied with the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Any comment / suggestion				
9. Name of a person who really impressed you & comments				
10. Name of a person who was unpleasant to you & comments				
11. Name of the patient Registration No. (optional)				
12. Date of Registration :				

Signature

(optional)