





Dear Sir/Madam,





Thank you for giving us the opportunity to serve you. We value your opinion. We appreciate you for taking time to complete this feedback form which will help us to serve you better.

| |  Excl. |  Gd. |  Avr. |  Pr. |
|-----------------------------------|---|---|--|---|
| ARRIVAL & ADMISSION | | | | |
| Politeness & Awareness of Staff | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respond to queries | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoothness of admission procedure | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|
| ACCOMMODATION | | | | |
| Peaceful and comfortable | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cleanliness & hygiene of room (room etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| CLINICAL STAFF | | | | |
| Briefing by doctors | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Regular visit by doctors | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attitude of nurses | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Promptness of service | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| CLINICAL EXPERIENCE | | | | |
| Cath lab | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Radiology lab | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physiotherapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pharmacy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Operation theater | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| |  Excl. |  Gd. |  Avr. |  Pr. |
|-----------------------------|---|---|--|---|
| F & B EXPERIENCE | | | | |
| Quality of food | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Delivery of time | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Quantity of food | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Food in accordance to diet requirement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|

| | | | | |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| GENERAL SERVICES | | | | |
| Security | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| House Keeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Laundry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Telephone service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pharmacy : Availability of medicine | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|----------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| DISCHARGE EXPERIENCE | | | | |
| Time taken for Discharge | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoothness of procedure | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accurate billing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Post hospitalisation instruction | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Would you Like to recommend this Hospital to your Relative and Friend for Treatment: Yes No

* Please help us to recognise any of our staff that served you exceptionally well :-

OVERALL EXPERIENCES My both the deliveries has been taken care well by doctors, staff & nurses

GENERAL COMMENTS : (if any) of ABMH. My first son was also born here and now again

Name The second son delivered here with the in the guidance of Dr Seema Jain.
Richa Agrahari

Address : D-701, Bishazewith, Tathawade, Pune - 411033

Phone No.: 9665515711

E-mail : pagrahari@pr@gmail.com

Name : Mrs RICHA AGRAHARI

IP No. : G76352 MRN : AB1021427

Sex/Age : F/34 years

Adm. Date&Time: 30/05/2017 10:36:14

Date of Visit : 21/01/17.

Richa

Signature

Thank you for your time & co-operation

Aditya Birla Hospital Marg, Chinchwad, Pune- 411 033.

30717500/1/2/3 ; 020-40707500/1/2/3, Emergency : 020-30717777.

athcare@adityabirla.com Website : www.adityabirlahospital.com

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