TOP Medical Clinic

Please complete this form to share your experience with us.

Doctor's Name : Dr Szmidt

Date of Visit: 10/11/19

Feedback (please be specific):

Doktor wytłumaczył całą procedurę przed zabiegiem i odpowiedział na wszystkie pytania. Bardzo profesjonalnie.

Suggestions for change or improvement:

Signature (Optional) .....

Thank you for allowing us to serve you

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