

### Consumer Feedback Form

Membership Type

Name \*

Email id \*

Our Communication to You  Excellent  Very Good  Good  Average  Poor

Our Service  Excellent  Very Good  Good  Average  Poor

Your Experience with us  Excellent  Very Good  Good  Average  Poor

Our Promptness  Excellent  Very Good  Good  Average  Poor

Quality of our Health Provider  Excellent  Very Good  Good  Average  Poor

Our Reminder Service  Excellent  Very Good  Good  Average  Poor

Overall Rating  Excellent  Very Good  Good  Average  Poor

Remark