

Tenant Owner

Gst In: 21AAXCA1548B1ZY
Cin No: U72900OR2022PTC039994.
Email: support@amrrtechsols.com
Phone: +912694658798

INVOICE

Transaction id: c0650bd1-ea82-4d5e-b1c6-22c44ed20cbc
Date: Apr 18, 2023
Invoice: order_LfDHWYxScGqAQ4

Bill To

Customer Name: gr raj
Phone: 09568450258
Email: hanudas@mailinator.com

DESCRIPTION	QUANTITY	TAXED	AMOUNT
Credit Points	1	0	2699
SubTotal:			₹ 999
Texable:			00
Tex rate:			00
Total:			₹ 999

Patient Satisfaction Survey

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127.0.0.1:5500/patient.html

Patient Satisfaction Survey

Patient's name :

Patient's File number :

Addmitted Unit :

Are You Satisfied with overall treatement:

☐ Very Satisfied:

☐ Satisfied ☐ Not Satisfied

Are you satisfied with medical facilities in the hospital:

☐ Very Satisfied: ☐ Satisfied ☐ Not Satisfied

Overall Comments

Submit

Reset

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127.0.0.1:5500/patient.html

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Patient's File number :

Addmitted Unit :

! Please fill out this field.

Are You Satisfied with overall treatement:

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Are you satisfied with medical facilities in the hospital:

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Overall Comments

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Reset

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Are You Satisfied with your treatment:

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- ☐ Very Satisfied ☐ Satisfied ☐ Not Satisfied

Select Unit
Surgery
Medicine
Pediatrics
Others

Are you satisfied with medical facilities in the hospital:

- ☐ Very Satisfied: ☐ Satisfied ☐ Not Satisfied

Overall Comments

Submit

Reset