**Patient Experience Form**

* Admission no.: \_\_\_\_\_\_\_ Date: \_\_\_
* Patient’s name: \_\_\_\_\_\_\_\_\_\_\_

Kindly mark in one of the following:

1. Condition of rooms good bad
2. Toilets good bad
3. Bedsheets good bad
4. Television good bad
5. AC good bad
6. Staff experience good bad
7. Meal good bad
8. Billing good bad
9. TPA good bad
10. Discharge good bad

Any suggestions:

**We wish a life-long good health.**

**THANK YOU!!!**