506 Herzog Byway Apt 99  
Barre  
Massachusetts  
01005  
US

Patient Feedback Form

Hello Ms. Abby752 Beatty507,

We welcome all feedback on the services we provide to tell us what we are doing right and where we can improve.

What is the name of the hospital where you received treatment?  
  
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What is the name of the clinic/department where you were treated?  
  
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Based on your recent experience of our services, how likely are you to recommend us to friends or family if they needed similar care or treatment?  
Please tick your choice from the options below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Extremely Likely** | **Likely** | **Unlikely** | **Extremely Unlikely** |
|  |  |  |  |

With regards to your response to the previous question, what is the main reason you feel this way?

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