



Please complete this form to share your experience with us.

Doctor's Name : *Metgonate Kotodchivonek*

Date of Visit: *28.08.2016*

Feedback (please be specific):

*Very professional, friendly clinic  
I came out of the visit very  
satisfied. Doctor ask was able to  
- give an answer to all of my questions  
Highly recommended to others 😊*

Suggestions for change or improvement:

*No suggestion at all*

Signature (Optional) *Metgonate Kotodchivonek*

Thank you for allowing us to serve you

