

TOP Medical Clinic



Please complete this form to share your experience with us.

Doctor's Name : *dr Wisniewska*

Date of Visit: *3.12.17*

Feedback (please be specific):

*dr Wisniewska is very friendly
and very knowledgeable
I can recommend her*

Suggestions for change or improvement:

none

Signature (Optional)

Thank you for allowing us to serve you