

Please complete this form to share your experience with us.

Doctor's Name : *Conie Magda*

Date of Visit: *03/10/2019*

Feedback (please be specific):

The treatment as always was carried out in a very professional way. Very friendly and nice atmosphere. All questions answered concerning health and teeth hygiene. The treatment room very clean, using the latest equipment.

Suggestions for change or improvement:

I would not change anything

Signature (Optional)

[Handwritten Signature]

Thank you for allowing us to serve you