

Please complete this form to share your experience with us.

Doctor's Name : *Neromika Coruza*

Date of Visit: *31.10.2020*

Feedback (please be specific):

*I am very happy with the service that I have been provided today by Neromika Coruza. This was my 1st visit. She always explains what she is doing and asking. I would definitely recommend this clinic and Neromika Coruza.*

Suggestions for change or improvement:

Signature (Optional)

*Happy Patient*

Thank you for your feedback!