

b.

# TOP Medical Clinic



Please complete this form to share your experience with us.

Doctor's Name : *Matylosia Kotodziejczak*

Date of Visit: *21/11/16*

Feedback (please be specific):

*The best doctor ever! She is so professional, have a very wide knowledge and she is very friendly, she treats every patient as they are the most important.*

*Please never change doctor Matylosia I've been her patient for last 2 years*

Suggestions for change or improvement:

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Signature (Optional) ..... *Cheller*

Thank you for allowing us to serve you