

TOP Medical Clinic



Please complete this form to share your experience with us.

Doctor's Name : *Maegorzata Kobdziczak*

Date of Visit: *22/02/2016*

Feedback (please be specific):

I really liked the atmosphere of the surgery, very calm, friendly and clean.

Great treatment by the staff and doctor, very professional

Suggestions for change or improvement:

Signature (Optional) *E. Scobee*

Thank you for allowing us to serve you

