

Outpatient Service Satisfaction Survey

Please help us improve our service by completing this survey. Your responses are confidential.

Personal Information (Optional)

Name

Email

Age

Date of Visit

Service Satisfaction

1. How would you rate the ease of making an appointment?

1 2 3 4 5

2. How would you rate the waiting time?

1 2 3 4 5

3. How would you rate the doctor's communication?

1 2 3 4 5

4. How satisfied are you with the overall service?

1 2 3 4 5

Suggestions & Comments

Please share any suggestions or comments: