

Medical Practice Feedback Questionnaire

Dear Patient,

We value your feedback and strive to improve our services. Please take a moment to fill out this questionnaire regarding your recent visit.

Date of Appointment:

Doctor's Name:

Overall Satisfaction (1-5):

1 - Very Dissatisfied 2 - Dissatisfied 3 - Neutral 4 - Satisfied 5 - Very Satisfied

Staff Friendliness:

1 - Very Poor 2 - Poor 3 - Average 4 - Good 5 - Excellent

Additional Comments:

Thank you for your time and feedback!

Sincerely,

[Your Medical Practice Name]