Customer Satisfaction Assessment Form (Feedback Form)

FEEDBACK FORM

Name .....

Date of visit: .....

Address: .....

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Phone No. /Mobile No. .....

Lab No.: .....

What time did you visit us?

- ☐ Between 7 am-9am
- ☐ Between 9 am-11am
- ☐ Between 11 am-5pm
- ☐ Between 5 pm-9pm

How did you come to know about us?

- ☐ Referred by Doctor ☐ Friend
- ☐ Newspaper /Magazine Ad
- ☐ Hoarding /Kiosk
- ☐ Leaflet
- ☐ Close to Home/workplace
- ☐ If any other please specify .....

Why did you choose Dr. Lal Path Labs?

- ☐ Oldest reliable lab
- ☐ Quality of report
- ☐ Our services
- ☐ If any other please specify .....

How would you like to collect your report?

- ☐ Visit the Centre
- ☐ Through the website
- ☐ Via E-mail
- ☐ Home delivery

Are you aware of our home collection and Online report services?

- ☐ Yes ☐ No

Was the pre-test information if any, confirmed before registration?

- ☐ Yes ☐ No

How would you rate the courtesy & efficiency of technician?

- ☐ Excellent ☐ Good ☐ Fair
- ☐ Very Good ☐ Poor

How would you rate the overall service of the lab?

- ☐ Excellent ☐ Good ☐ Fair
- ☐ Very Good ☐ Poor

Would you recommend our services to other?

- ☐ Yes ☐ No

Was the registration process easy and convenient?

- ☐ Yes ☐ No

Was the staff at the registration counter courteous?

- ☐ Yes ☐ No

How long was the waiting time before drawing blood?

- ☐ 0-5 minutes
- ☐ 5-15 minutes
- ☐ 15-30 minutes
- ☐ > 30 minutes

Please share your feedback/suggestions to help us serve you better

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Complaints: .....

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Thank you very much
for taking time to share your feedback.
You may also log your feedback/complaint
at (011-39885050)/www.lalpathlabs.com