



LÄÄNE-TALLINNA
KESKHAIGLA

FEEDBACK

Date of the event "....."

Location of the event (clinic, department, room)

.....
.....

Description of the event. Please describe as closely as possible the event You want to give feedback about.

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Name and surname:

.....

Would You like a reply to Your feedback? **YES / NO**

Address, where do You want the reply to be sent (street, city, county, index)

.....

Phone E-mail.....

Signature

Date "....."