

To precious Visitors who visited "Takahiro Fujii Clinic".

In order to improve our clinic, your cooperation is highly appreciated to take a minuet for bellow survey.

1. Basic Information

- Date 26 JULY 2017
- Name \_\_\_\_\_
- Facility name \_\_\_\_\_
- Business Title \_\_\_\_\_
- Business Address \_\_\_\_\_
- Business Phone \_\_\_\_\_
- Home Address \_\_\_\_\_
- Home Phone \_\_\_\_\_
- E-Mail Address \_\_\_\_\_

2. Please inform us how you choose our Clinic to visit and see.

Personal recommendation from Dr

3. What is the most impressive part today?

Calm, hygienic & comfortable atmosphere.

4. What is the most aducational part today?

① Observing use of magnification in routine clinical practice. ② Wavy cap!  
③ Use of P.O.S.

5. What is your impression of the Clinic facility?

Excellent facility for patients

6. What is your impression of our nursing stuff?

Very knowledgeable and helpful with explaining equipment

7. What is your impression of our receptionist?

Very helpful and courteous.

8. What is your impression of our Gastric examination?

Excellent.

9. What is your impression of our Colonoscopic examination?

Excellent. Very good discussion of cases & principles

10. What is your impression of Gastric and Colonoscopy on the same day?

Acceptable procedure.

11. Do you feel you want to come back later and visit this Clinic again?

Yes. I would also be happy to recommend to patients

12. Please fill out any over all impression.

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Thank you for your visit today, and we are very glad if we provide anything to fill your needs.

Thanks a lot of your cooperation.