

Patient Satisfaction Survey Consent Form

Patient Information

Full Name

Date

Consent Information

By participating in this patient satisfaction survey, you consent to provide feedback regarding your experience with our healthcare services. Your responses will be kept confidential and used solely for quality improvement purposes.

Participation in this survey is voluntary, and your decision will not affect your care. You may withdraw at any time.

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I have read and understood the above information and consent to participate in the survey.