

ID:



Dr. med. univ. János Gellén

Pränatale Diagnostik - Geburtshilfliche und
Gynäkologische Sonographie

Dear Mom,

I kindly ask you to fill out this form and send it back to me.

The child – the delivery

Childs name: _____

Sex: girl boy

Date of Birth: _____

Weight: _____ g Size: _____ cm

Mode: spontaneous caesarean section forceps

Place of birth | institute: _____

particularities: _____

Assistance

To be able to monitor our quality of performance, we kindly ask you to fill out this form:

My reachability	
Waiting time	
facilities	
expenditure of time	
My time for you	
My information	
Comprehensibility of the information	
Comprehensibility of my answers	
Comments, suggestions, critic:	

Please rate 1-5 (1 = Best; 5=Worst)

How did you come to know of us?

physician, friends or family

Others: _____

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