





- Results of your medical exams
- The discharge procedure
- Your post hospitalization follow-up by the medical staff
- If necessary, the organization of your stay in a rehabilitation center
- The billing details of your stay in our hospital
- The processing and follow-up time of the billing procedure
- Has your opinion been taken into account before any medical/surgical act?**

**THE CONDITIONS OF YOUR STAY**

**What do you think of your room?**



- Cleanliness
- Comfort
- Noise

**What do you think of your meal?**

- Taste
- Temperature
- Quantity

**What do you think of our services?**

- Personal tablets and Wi-Fi

**OVERALL ASSESMENT OF YOUR STAY**



- What is your general assessment of your stay?**

**In your opinion, what are the 2 main aspects that should be improved?**

- Reception at the admission office
- Reception of the nursing staff
- Availability and attentiveness
- The discharge procedure
- Pain management
- Cleanliness / Comfort of the room
- Quality of the information
- Quality of the medical care
- Meals
- Respect of privacy

**COMMENTS AND SUGGESTIONS**

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**This survey is to be deposited in the dedicated box next to the International Patients Department.  
We thank you for sharing your experience.**