



Date: 9/7/25

MR No.: _____

With a view to improve our service further, we seek feedback from you regarding our services. Please give you candid opinion on the following counts by ticking (✓) the appropriate boxes.

SERVICES RATING:

CRITERIA	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMPROVEMENT
Treatment scheduling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of treatment room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of bathroom / toilet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of treatment equipments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean towels - provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor's supervision during therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapists' care and cordially	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you taken Panchkarma Treatment ? Yes No

If yes, how you rate our treatment?.....10/10

Specific comments / Suggestions: Every time I visit RISA I enjoy and achieve 'health & wellness' in your hands!

Name : Dr Aruna Ghattacharya
 Phone No. and Email ID : 9811379537 ; access2aruna@gmail.com
 Address : Sadashiva Nagar, B'lore 560080.



Date: 8/7/25

MR No.: _____

With a view to improve our service further, we seek feedback from you regarding our services. Please give you candid opinion on the following counts by ticking (✓) the appropriate boxes.

SERVICES RATING:

CRITERIA	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMPROVEMENT
Treatment scheduling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Therapists' care and cordially	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you taken Panchkarma Treatment ?

Yes

No

If yes, how you rate our treatment?...../ 10

Specific comments / Suggestions:

All the services were really good & effective. The staff & doctors were excellent & kind.

Thank you so much. ↗

Name : PRIYA KALRA

Phone No. and Email ID : priyakalra3@gmail.com 8431212323

Address : #17, K.P. Residency
Hi Main, Kumbh Park (W) Bangalore - 560020



Date: 14/06/25



MR No.: _____

With a view to improve our service further, we seek feedback from you regarding our services. Please give you candid opinion on the following counts by ticking (✓) the appropriate boxes.

SERVICES RATING:

CRITERIA	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMROVEMENT
Treatment scheduling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Doctor's supervision during therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapists' care and cordially	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you taken Panchkarma Treatment ?

Yes

No

If yes, how you rate our treatment?..... 09 / 10

Specific comments / Suggestions:

Everything was excellent, and well satisfied.

Name : Pallavi T.D

Phone No. and Email ID : 9986377228

Address : # 1403, B Block Salarpana
Sector 09, T. Dasarahalli
Bangalore



Date: 01/05/2025

MR No.: _____

With a view to improve our service further, we seek feedback from you regarding our services. Please give you candid opinion on the following counts by ticking (✓) the appropriate boxes.

SERVICES RATING:

CRITERIA	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMPROVEMENT
Treatment scheduling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of treatment room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of bathroom / toilet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of treatment equipments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Therapists' care and cordially	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you taken Panchkarma Treatment ?

Yes

No

If yes, how you rate our treatment?.....(0.... / 10)

Specific comments / Suggestions:

RELIEVING THE FEELING OF HEAVINESS, STRESS FREE,
DIVINE FEELING.

Name : Vanishri P.Y

Phone No. and Email ID : 95917-61097 ; vanibonchance@gmail.com

Address : No. 20, 'HEMANT',
UAS Layout, RMV II stage,
Bengaluru - 560094



Date: 10.5.2025

MR No.: _____

With a view to improve our service further, we seek feedback from you regarding our services. Please give you candid opinion on the following counts by ticking (✓) the appropriate boxes.

SERVICES RATING:

CRITERIA	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMPROVEMENT
Treatment scheduling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of treatment room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Therapists' care and cordially	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you taken Panchkarma Treatment ? Yes No

If yes, how you rate our treatment?...../ 10

Specific comments / Suggestions:

Excellent facilities
Very kind and good people
Very clean
Very comfortable

Name Mausa : Vithani

Phone No. and Email ID : 9611121947

Address Dollore colony,
Vidya Niketan School Hebbal.



Date: 25/05/21

MR No.: _____

With a view to improve our service further, we seek feedback from you regarding our services. Please give you candid opinion on the following counts by ticking (✓) the appropriate boxes.

SERVICES RATING:

CRITERIA	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMPROVEMENT
Treatment scheduling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of treatment room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Cleanliness of treatment equipments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Therapists' care and cordially	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you taken Panchkarma Treatment ? Yes No

If yes, how you rate our treatment?...../ 10

Specific comments / Suggestions:

Shank Arnya (therapist) for your patience of work and wonderful and amazing massage. I will definitely recommend to my family and friends.
Shank you 😊.
Bine

Name Bine Lenon

Phone No. and Email ID : 9901880137.

Address :



Date: 15/9/2025



MR No.: _____

With a view to improve our service further, we seek feedback from you regarding our services. Please give you candid opinion on the following counts by ticking (✓) the appropriate boxes.

SERVICES RATING:

CRITERIA	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMPROVEMENT
Treatment scheduling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Therapists' care and cordially	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you taken Panchkarma Treatment ? Yes No

If yes, how you rate our treatment?...../ 10

Specific comments / Suggestions:

Massage & courtesy extended by the staff, at the Ms. Nethravathi & Ms Nikita was excellent. The staff at the reception were very courteous (Ms. Anjana, Dr. Vidyee)

Name : Shylaja Jaykumar

Phone No. and Email ID : 9945716724

Address : 4C / Anandi Villa
Malleshwaram



Date: 23/4/25.



MR No.: _____

With a view to improve our service further, we seek feedback from you regarding our services. Please give you candid opinion on the following counts by ticking (✓) the appropriate boxes.

SERVICES RATING:

CRITERIA	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMROVEMENT
Treatment scheduling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Therapists' care and cordially	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you taken Panchkarma Treatment ? Yes No
 If yes, how you rate our treatment?..... 9 / 10

Specific comments / Suggestions:
 Excellent massaging by therapists Sandhya & Sanju latha. Very attentive and thorough. Highly recommended! Very good therapists.

Name Meera Rao 9036186527
 Phone No. and Email ID : meerakarao@gmail.com
 Address :



Date: 28/4/2025



MR No.: _____

With a view to improve our service further, we seek feedback from you regarding our services. Please give you candid opinion on the following counts by ticking (✓) the appropriate boxes.

SERVICES RATING:

CRITERIA	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMPROVEMENT
Treatment scheduling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Billing System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Doctor's supervision during therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapists' care and cordially	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you taken Panchkarma Treatment ? Yes No

If yes, how you rate our treatment?..... 9.5 / 10

Specific comments / Suggestions:

and relaxing, treatment was really good
and did a excellent job. therapist was very calm person

Name : Meghana A

Phone No. and Email ID : 8095560640 , meghanaaudt@gmail.com

Address :



With a view to improve our service further, we seek feedback from you regarding our services. Please give your candid opinion on the following counts by ticking () the appropriate boxes.

SERVICES RATING :

CRITERIA	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMPROVEMENT
Treatment Scheduling <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing System <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of Treatment Room <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of Bathroom / Toilet <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of Treatment Equipments <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean Towels - Provided <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor's Supervision during Therapy <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapists' Care and Cordiality <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you taken Panchakarma treatment in the past ? Yes No

If yes, how do you rate our treatment ? / 10

Specific Comments / Suggestions :

Very good service given by staff. Time was used correctly and great relaxation during massage. Vijaya and Manika service was very good & have nice patina and massage techniques.

Thank You :-)

Name : Ashwini

Phone No. and Email ID : 9980408396

Address : #69, 8th Cross, Shivadabanagar, Dalahalli Village, Bangalore - 560013

Date : 20/02/25

MR No.: _____

With a view to improve our service further, we seek feedback from you regarding our services. Please give your candid opinion on the following counts by ticking () the appropriate boxes.

SERVICES RATING :

CRITERIA	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMPROVEMENT
Treatment Scheduling <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing System <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Doctor's Supervision during Therapy <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapists' Care and Cordiality <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you taken Panchakarma treatment in the past ? Yes No

If yes, how do you rate our treatment ? 9 / 10

Specific Comments / Suggestions :

Thank you I had a very
clam and perfect massage for my
body pain.
Thank you i Team.

Name : Mamatha K

Phone No. and Email ID : 9845513867

Address : Banglore



With a view to improve our service further, we seek feedback from you regarding our services. Please give your candid opinion on the following counts by ticking () the appropriate boxes.

SERVICES RATING :

CRITERIA	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMPROVEMENT
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Doctor's Supervision during Therapy <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapists' Care and Cordiality <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you taken Panchakarma treatment in the past ? Yes No

If yes, how do you rate our treatment ? / 10

Specific Comments / Suggestions :

Highly satisfied with the professional & experience with Prakesha. Appreciate & thanks to him.

Regards Dheeraj

Name : DHEERAJ

Phone No. and Email ID : 9880622600

Address : Hebbal, Kempapura BSR.

With a view to improve our service further, we seek feedback from you regarding our services. Please give your candid opinion on the following counts by ticking () the appropriate boxes.

SERVICES RATING :

CRITERIA	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMPROVEMENT
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Clean Towels - Provided <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor's Supervision during Therapy <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapists' Care and Cordiality <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you taken Panchakarma treatment in the past ? Yes No

If yes, how do you rate our treatment ? / 10

Specific Comments / Suggestions :

I had an amazing experience for my first ayurvedic treatment. I plan to return next year to have a continued treatment.

Name : Bhaskar Vadathavoor
Phone No. and Email ID : VSBHASKAR@gmail.com
Address :

With a view to improve our service further, we seek feedback from you regarding our services. Please give your candid opinion on the following counts by ticking () the appropriate boxes.

SERVICES RATING :

CRITERIA	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMPROVEMENT
Treatment Scheduling <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Clean Towels - Provided <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor's Supervision during Therapy <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapists' Care and Cordiality <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you taken Panchakarma treatment in the past ? Yes No

If yes, how do you rate our treatment ? 10 / 10

Specific Comments / Suggestions :

We have taken the treatment of body massage we have felt a very good relaxation and free of mind. Thank You so much for such a good treatment.

Name : Mahalakshmi.

Phone No. and Email ID : 9538534467.

Address :



With a view to improve our service further, we seek feedback form you regarding our services, Please give Your candid opinion on the following counts by ticking () the appropriate boxes.

How did you come to know about this healthcare centre Advertisement Internet Reference *Knowing from a friend*

SERVICES RATING *Excellent!*

CRITERIA	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMPROVEMENT
Front Office <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canteen <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapists' Care <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor's Consultation <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hygiene and Cleanliness <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specific comments / Suggestions :

This is the third time we are in this hospital as inpatient. There is nothing to say anything. Every thing is excellent -> Continue the same.

*Dr. Veerabhadraiah
Professor (Rtd), Blue Vani
in Central College (earlier)
at the U.N. GE. Vani. College*

Name *Dr. R. Veerabhadraiah*
Phone No. and Email ID *26628717 (Landline)*
Address *No. 5th Fifty Feet Road
Haramantana nagar
Bangalore 560019.*

S M SHANTA 85y
MH00510703 IP-MI

ನಮ್ಮ ಸೇವೆಯನ್ನು ಮತ್ತಷ್ಟು ಉತ್ತಮಗೊಳಿಸುವ ದೃಷ್ಟಿಯಿಂದ, ನಮ್ಮ ಸೇವೆಗಳಿಗೆ ಸಂಬಂಧಿಸಿದಂತೆ ನಿಮ್ಮಿಂದ ಪ್ರತಿಕ್ರಿಯೆ ಪಡೆಯಲು ಬಯಸುತ್ತೇವೆ. ಆದ್ದರಿಂದ ಸೂಕ್ತ ಆಯ್ಕೆಗಳನ್ನು ಗುರುತಿಸುವ ಮೂಲಕ ತಮ್ಮ ಅಭಿಪ್ರಾಯಗಳನ್ನು ವ್ಯಕ್ತಪಡಿಸುವಂತೆ ಕೇಳಿಕೊಳ್ಳುತ್ತೇವೆ.

ಸೇವೆಗಳ ಗುಣಮಟ್ಟ

ಮಾನ	ಅತ್ಯುತ್ತಮ	ಉತ್ತಮ	ಸಮಾಧಾನಕರ	ಸುಧಾರಣೆ ಅಗತ್ಯವಿದೆ
ಚಿಕಿತ್ಸಾ ವೇಳಾಪಟ್ಟಿ (ಅನುಸೂಚಿ)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ಬಿಲ್ಲಿಂಗ್ ಸೇವೆ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ಚಿಕಿತ್ಸಾ ಕೊಠಡಿಯ ಶುಚಿತ್ವ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ಸ್ನಾನ ಕೊಠಡಿ / ಶೌಚಾಲಯದ ಶುಚಿತ್ವ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ಚಿಕಿತ್ಸಾ ಸಾಧನಗಳ ಶುಚಿತ್ವ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ಶುಚಿಯಾದ ಚೌಕದ ಬಳಕೆ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ಚಿಕಿತ್ಸೆಯ ಸಮಯದಲ್ಲಿ ವೈದ್ಯರ ಮೇಲ್ವಿಚಾರಣೆ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ಚಿಕಿತ್ಸಕರ ಆರೈಕೆ ಮತ್ತು ಸೌಜನ್ಯತೆ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ಇದಕ್ಕೂ ಮೊದಲು ನೀವು ಪಂಚಕರ್ಮ ಚಿಕಿತ್ಸೆಗೆ ಒಳಗಾಗಿದ್ದೀರಾ ? ಹೌದು ಇಲ್ಲ

ಹಾಗಾದರೆ ನಮ್ಮ ಚಿಕಿತ್ಸೆಯನ್ನು ನೀವು ಹೇಗೆ ಮೌಲ್ಯಮಾಪನ ಮಾಡುತ್ತೀರಿ ?...../ 10

ಸಲಹೆ / ಟಿಪ್ಪಣಿಗಳು :

Six ನಾನು ಮೊದಲಿಗೆ ನುಷ್ಠಾಗಿದ್ದೆ, ನನ್ನ ರೋಗ ಕಡಿಮೆಯಾಗಿದೆ, ತುಂಬಾ ಚೆನ್ನಾಗಿ ಲೆವೆ ಮಾಡುತ್ತಾರೆ, ಇಷ್ಟು ಬಹು ನನಗೆ ತುಂಬಾ ಸಹಾಯವಾಗಿದೆ, ನನ್ನ ರೋಗದ ಲೋಪವಾಗಿದೆ.

ಲಕ್ಷ್ಮಿ

ಹೆಸರು : Lavashmi

ಇಮೇಲ್ / ಮೊಬೈಲ್ ಸಂಖ್ಯೆ : 8317425417

ವಿಳಾಸ :

Date : 19/11/24

MR No.: 979486



With a view to improve our service further, we seek feedback from you regarding our services. Please give your candid opinion on the following counts by ticking () the appropriate boxes.

SERVICES RATING :

CRITERIA	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMPROVEMENT
Treatment Scheduling <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing System <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of Treatment Room <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of Bathroom / Toilet <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of Treatment Equipments <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean Towels - Provided <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor's Supervision during Therapy <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapists' Care and Cordiality <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you taken Panchakarma treatment in the past ? Yes No

If yes, how do you rate our treatment ? 9 / 10

Specific Comments / Suggestions :

I took 3 days of treatment (Sawanga Abhyasa & Janu Basthi) the treatment was very good. therapist took time & did massages well. Yashodha therapist treatment was very nice.

Name : Rakshitha - S

Phone No. and Email ID : 7411400337 Rakshitha@gmail.com

Address :

Date : 6/11/2024

MR No.: 954178



Vibhav. B.K

With a view to improve our service further, we seek feedback from you regarding our services. Please give your candid opinion on the following counts by ticking () the appropriate boxes.

SERVICES RATING :

CRITERIA	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMPROVEMENT
Treatment Scheduling <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing System <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of Treatment Room <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of Bathroom / Toilet <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of Treatment Equipments <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean Towels - Provided <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor's Supervision during Therapy <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapists' Care and Cordiality <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you taken Panchakarma treatment in the past ? Yes No

If yes, how do you rate our treatment ? 10 / 10

Specific Comments / Suggestions :

Understanding the special needs of the person and took care of him very well while doing the treatment (Vibhav) Thanks.

Name : Vibhav. B.K
 Phone No. and Email ID : 9900136798 vinay.H.vbl@gmail.com
 Address : #70, 2nd Cross, Sundar Nagar, Gokula Estate, Bldg 54



With a view to improve our service further, we seek feedback from you regarding our services. Please give your candid opinion on the following counts by ticking () the appropriate boxes.

SERVICES RATING :

CRITERIA	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMPROVEMENT
Treatment Scheduling <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Clean Towels - Provided <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor's Supervision during Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapists' Care and Cordiality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you taken Panchakarma treatment in the past ? Yes No

If yes, how do you rate our treatment ? 9 / 10

Specific Comments / Suggestions :

Appreciate the treatment modalities & the
companion. I did have relief from 2nd day
of treatment itself. would recommend to anyone
in need Thank you.

Name : Dr. Sajid.

Phone No. and Email ID : 7204472424

Address : Jalahalli, Bangalore.



With a view to improve our service further, we seek feedback from you regarding our services. Please give your candid opinion on the following counts by ticking () the appropriate boxes.

SERVICES RATING :

CRITERIA	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMPROVEMENT
Treatment Scheduling <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing System <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of Treatment Room <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Clean Towels - Provided <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor's Supervision during Therapy <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapists' Care and Cordiality <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you taken Panchakarma treatment in the past ? Yes No

If yes, how do you rate our treatment ?..... 10 / 10

Specific Comments / Suggestions :

All Good as I needed First time
Good Service and hygien and friendly
Stuff.

Name : Vinutha Nagraj

Phone No. and Email ID : 8073901928

Address : Mathikere Bangalore 560054

With a view to improve our service further, we seek feedback from you regarding our services. Please give your candid opinion on the following counts by ticking () the appropriate boxes.

SERVICES RATING :

CRITERIA	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMPROVEMENT
Treatment Scheduling <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing System <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of Treatment Room <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of Bathroom / Toilet <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> FLOOR
Cleanliness of Treatment Equipments <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean Towels - Provided <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor's Supervision during Therapy <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapists' Care and Cordiality <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you taken Panchakarma treatment in the past ? Yes No

If yes, how do you rate our treatment ?..... 8 / 10

Specific Comments / Suggestions :

Sangeetha, Nitrawathi & Sanjana & team were very good with the treatment. They were friendly & helped me alot in reduction of pain. I would def recommend this treatment to my friends.

Name : Anitha

Phone No. and Email ID : 99644 88271

Address : Mathikere