



RAMAIAH
Indic Specialty Ayurveda
RESTORATION HOSPITAL

**PANCHAKARMA
FEEDBACK FORM**

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 IMROVEMENT
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 !



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**PANCHAKARMA
FEEDBACK FORM**



Date: 8/7/25

MR No.: _____

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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

Specific comments / Suggestions:

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

Thank you so much.



RAMAIAH
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**PANCHAKARMA
FEEDBACK FORM**



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"/>
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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?.....(0.../ 10)

Specific comments / Suggestions:

Excellent facilities

Very kind and good people

Very clean

Very comfortable

Specific comments / Suggestions:

Thank Anaya (therapist) for your
patience of work and wonderful and amazing
massage. I will definitely recommend to my
family and friends.

Thank you (😊).

Bine



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**PANCHAKARMA
FEEDBACK FORM**

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"/>
Billing System	<input checked="" type="checkbox"/>	<input checked="" 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?.....9.../ 10

Specific comments / Suggestions:

Excellent massaging by therapists Sandhya & Sanjay latha. Very attentive and thorough. Highly recommended!
Very good therapists.

Specific Comments / Suggestions :

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

Thank You :-)



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**INPATIENT
FEEDBACK FORM**



Date : 21/11/24

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.

How did you come to know
about this healthcare centre

Advertisement ☐

Internet ☐

Reference ☐

Knowing through me

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.

J. Venkabhadrach
Professor (Rtd), Bhu Vani
in Central College (earlier)
later in U.N. G.E. Vani College

ಸಲಹೆ / ಟೀಕೆಗಳು :

ಶಿಕ್ಷಣ ಮತ್ತು ಸಂಸ್ಕೃತಿ ಇಲಾಖೆ

518 ನಾನು ಮೊದಲ 100 ಕ್ಕು ಪ್ರಶ್ನೆಗಳನ್ನು ಕೊಟ್ಟೆ, ನನ್ನ ಕೆಲಸವು ಸರಿಯಾಗಿ
ಹೋಗಿದೆ. ಇನ್ನೂ ಕೆಲವು ಪ್ರಶ್ನೆಗಳನ್ನು ಕೊಟ್ಟೆ, ಇನ್ನೂ ಕೆಲವು ಪ್ರಶ್ನೆಗಳನ್ನು
ಕೊಟ್ಟೆ, ನನ್ನ ಕೆಲಸವು ಸರಿಯಾಗಿ ಹೋಗಿದೆ.

ಲಕ್ಷ್ಮಿ.