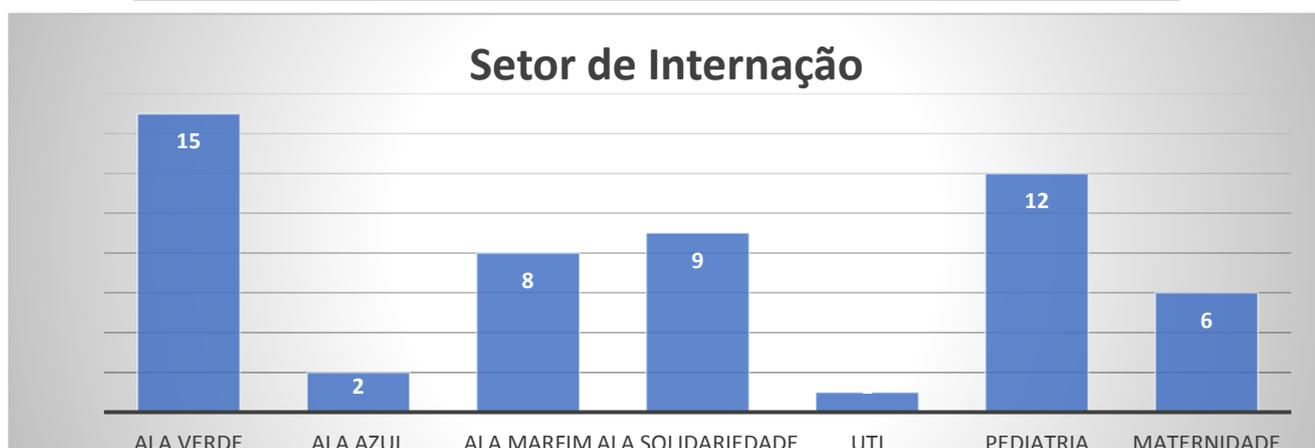
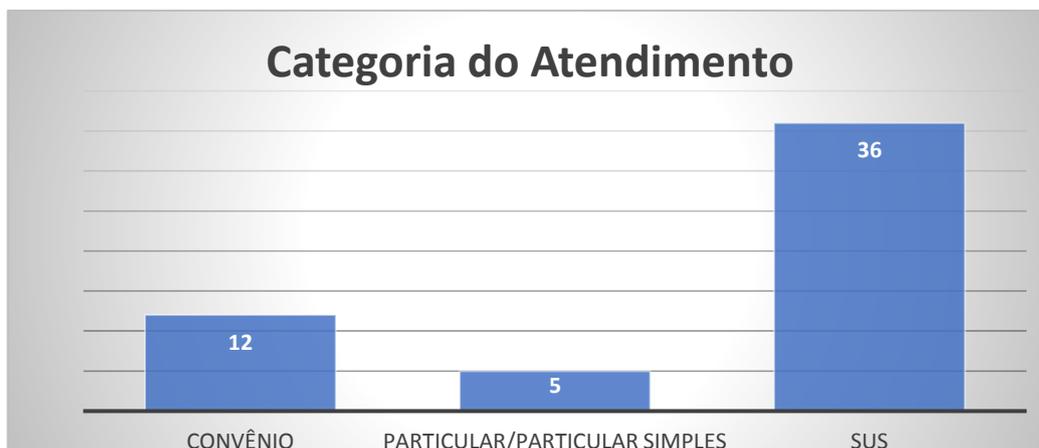
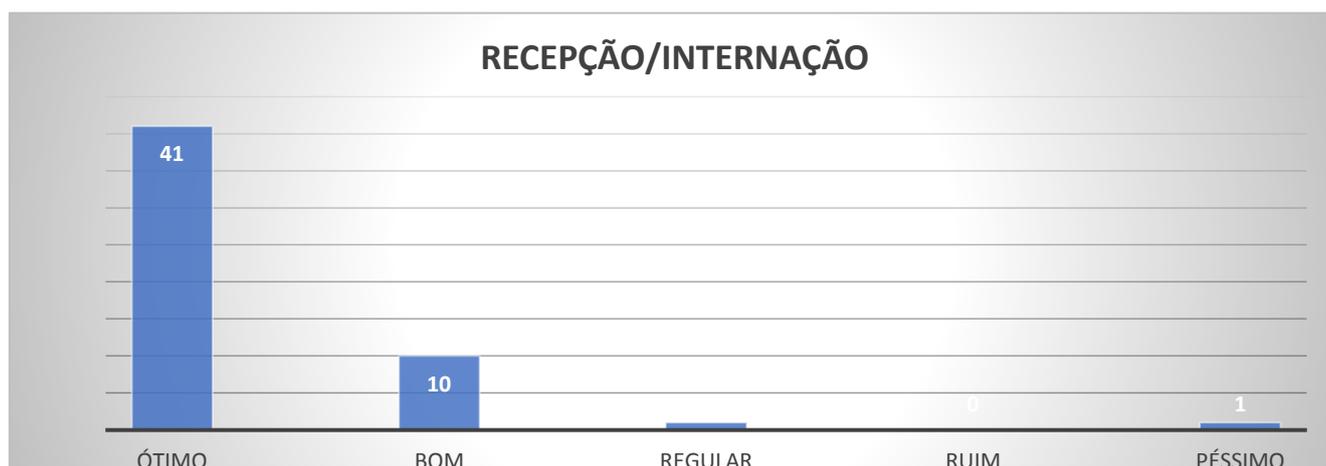


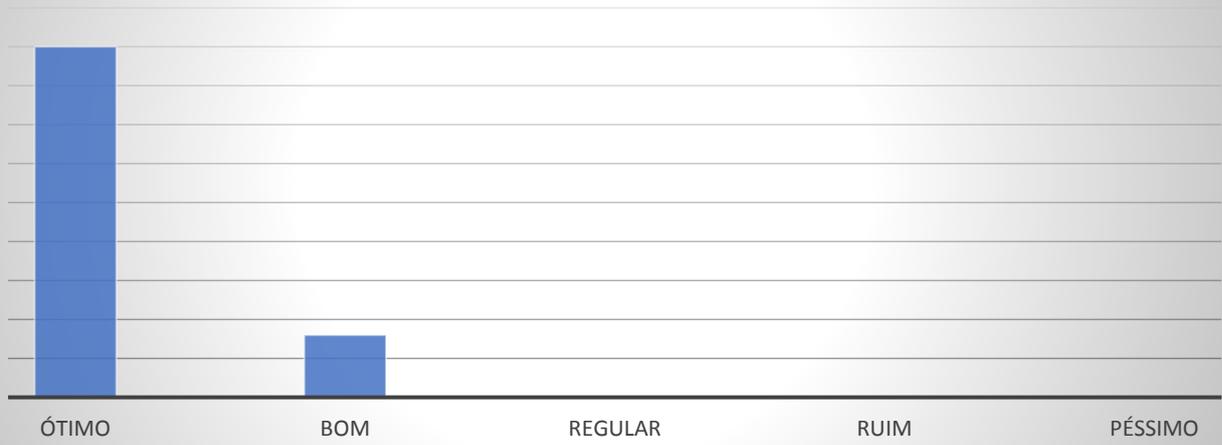
Seu atendimento foi através do:



Como você avalia os seguintes atendimento prestados:



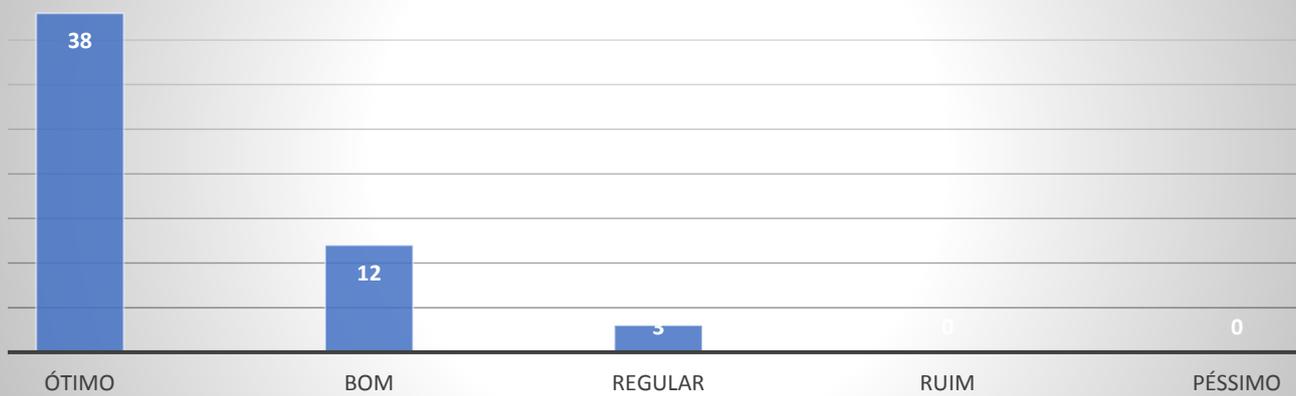
ENFERMAGEM



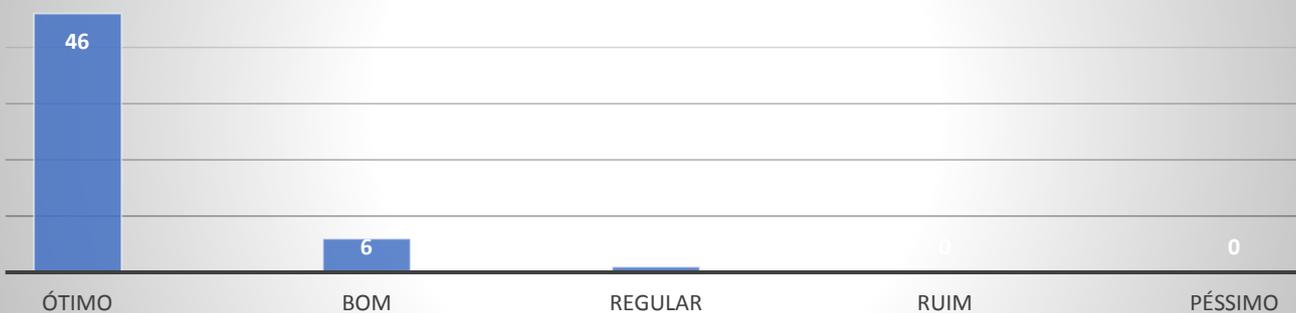
MÉDICO



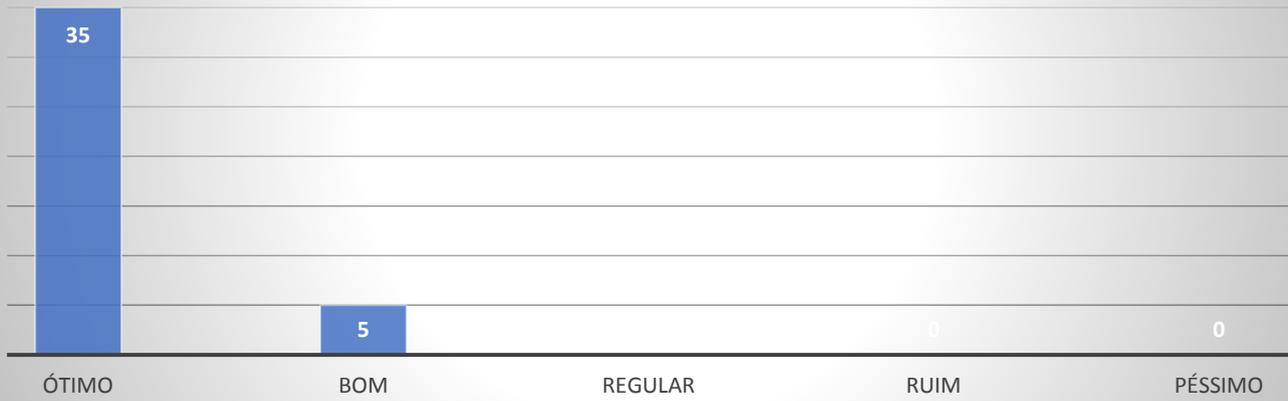
AVALIAÇÃO DAS REFEIÇÕES SERVIDAS



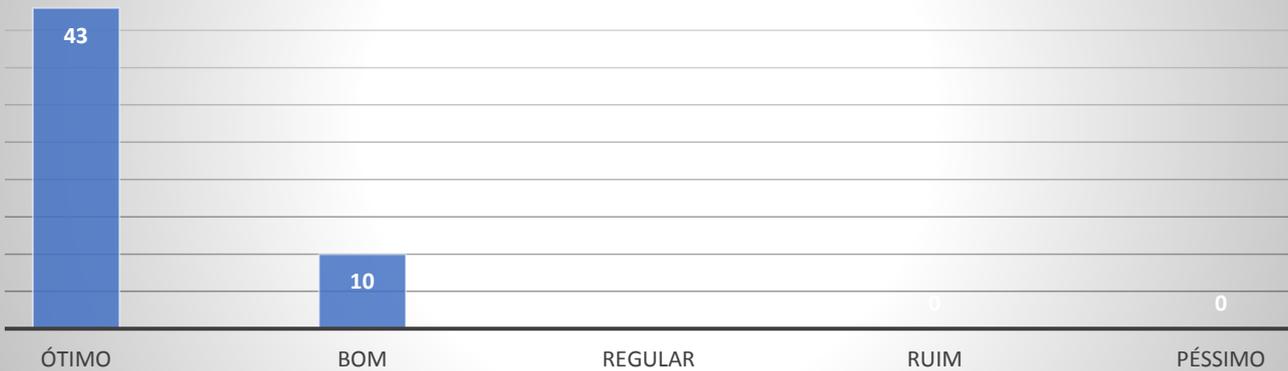
HIGIENE E LIMPIZA



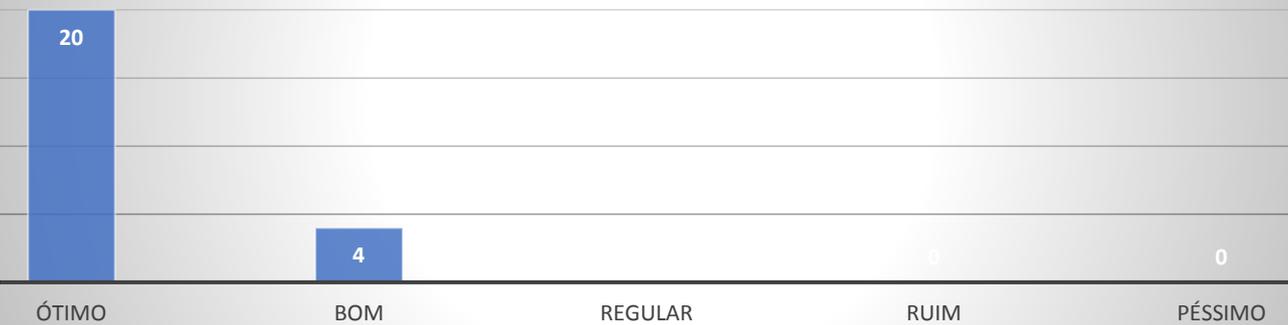
AVALIAÇÃO DO ATENDIMENTO E INSTALAÇÕES CIRURGICAS



AVALIAÇÃO DAS INSTALAÇÕES DO HOSPITAL



ATENDIMENTO DO SERVIÇO SOCIAL



COMO FOI SEU ATENDIMENTO NO HOSPITAL

