**Top 5 questions our customers always ask us / our staff**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Customer Questions** | **My answer** | **Our colleagues’ answers** | **Our agreed answer that we all say and exceptions** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

Date: Review and amend as a group as patient needs and your business situation change