WOODSTOCK PEDIATRIC MEDICINE

PATIENT COMMENT / SUGGESTION FORM

If the staff at Woodstock Pediatric Medicine has exceeded or fallen short of your expectations, we want you to notify us. Please be assured that your comments will be kept confidential. It is our intent to use this feedback to better serve our patients in the future. Please use the space provided below to describe your comments / suggestions.

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Name of Patient Date of Birth

_____ _____

Signature of Legal Guardian or Patient (18 or older) Phone Number

_____

Date of Signature

Please return this form to an employee in the office or mail to: Woodstock Pediatric Medicine Attn: Practice Manager, 2000 Professional Way, Woodstock, GA 30188.