



## Patient Comments

*Please tell us how we check out*

We would appreciate your comments and suggestions. Your feedback will be used to evaluate and improve services.

**Date of visit**

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**Name of clinic or procedure**

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**Physician's name (optional)**

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**Comments**

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**Is there a particular member of our staff you would like to mention?**

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To order Outpatient Surveys: [www.virginia.edu/uvaprint](http://www.virginia.edu/uvaprint), or call 4-7186, Form number 611102