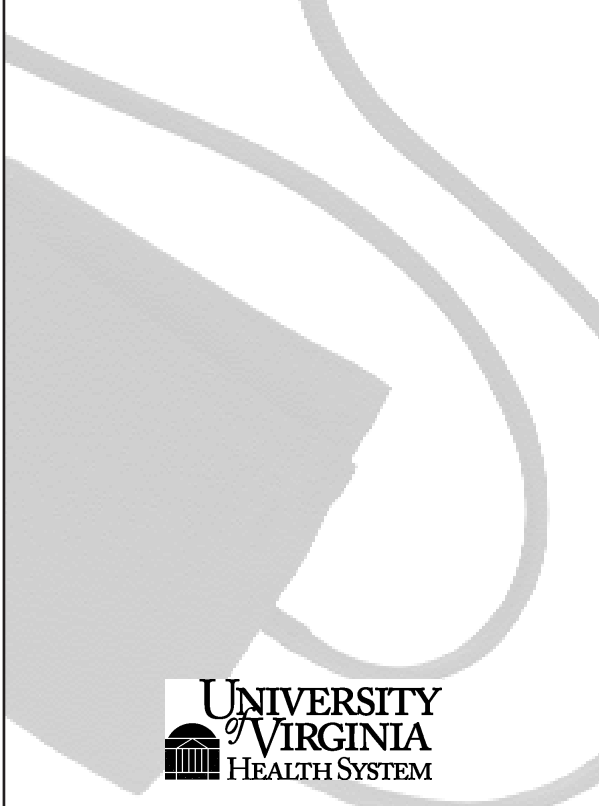
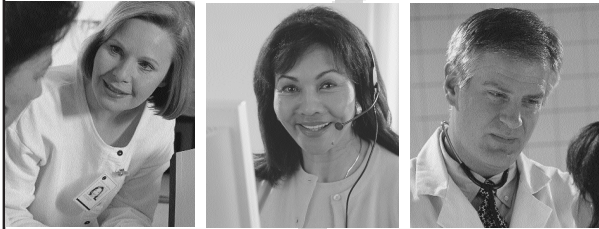


PATIENT COMMENTS



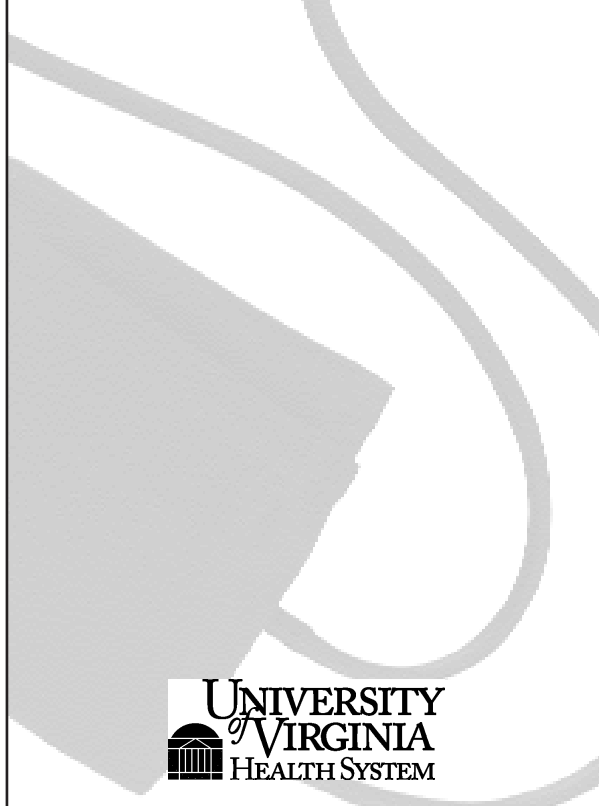
Please tell us how we check out



PATIENT COMMENTS



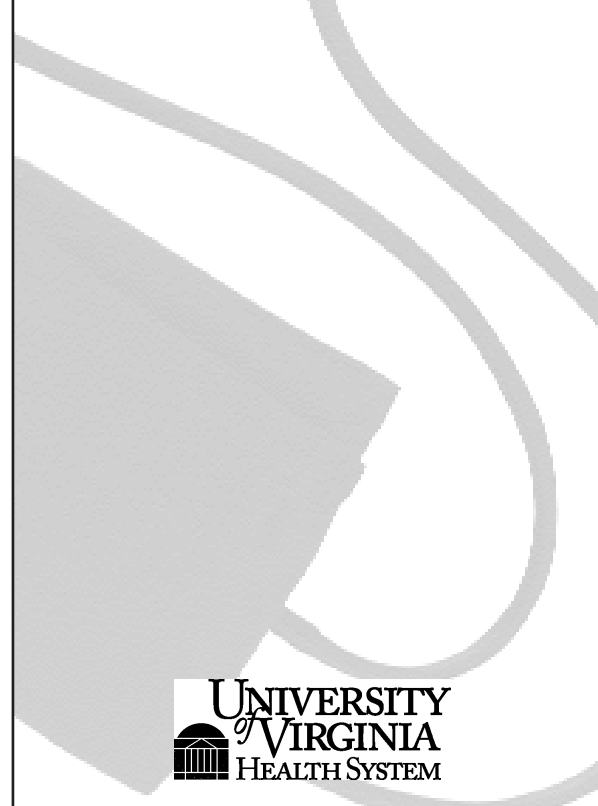
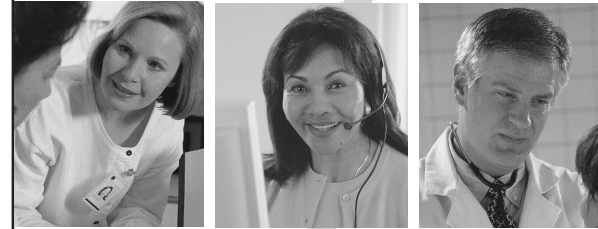
Please tell us how we check out



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:

Name of clinic or procedure:

Physician's name (optional):

Comments:

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

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

Date of visit:

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