



Your feedback will help us to improve our services to you.

We appreciate you taking the time to complete this feedback form. Our doctors and staff at this practice are committed to providing you a high standard of patient care.

Date: _____

Name: _____

(Please leave blank if you wish to remain anonymous)

Suggestions/complaints/comments:

Your responses are treated in confidence.

Thank you for taking the time to write down your suggestions.

Is there a staff member you would like to commend?

Staff's Name: _____

Reason:

Thank you

Lagoon Medical Centre