

Would you like us to contact you in regards to your compliment, suggestion or complaint?

Name: _____

Address: _____

Phone: _____

Once you have completed this form you can

- Place the form in suggestion box in the waiting room
- Give it to a staff member
- Send it to the address provided on the back of this page.

Thank you for your feedback and taking the time to help us improve our service.



MARONG MEDICAL PRACTICE

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Compliment



Suggestion



Complaint



