Patient Comment Form

El Centro Family Health is committed to providing our patients the best level of care possible. Please complete this form if you have comments or suggestions about the customer service and or health care treatment that you or a family member are receiving, or did not receive.

Person making comment

Name:_____

Date:_____ Time:_____

Address:_____

Phone: ( ) _____-_____ What's a good time to reach you:_____

Comments:

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Signature: _____ Date: _____