



medika
HEALTH CLINIC

MEDIKA HEALTH CLINIC

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Patient Comment Form

Patient Details

Title: _____ Name: _____ Contact Number: _____

Email Address:

Would you like to be contacted in relation to your comments? ☐ Telephone ☐ Email ☐ No

Patient Comments

Please provide your comments below. Should your comments be related to a complaint, please ensure to provide detailed information including date, time and the people involved. Once you have completed your comment form, please place it in our comments box located at reception or post it, addressed to:

Practice Manager
Medika Health Clinic
4, 476 Wanneroo Road
Westminster WA 6061

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Patient Signature

Date

Protocol PT01

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