## **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 provide detailed information including date, time and the peop comment form, please place it in our comments box located at	ole involved. Once you have completed your
Practice Manager Medika Health Clinic 4, 476 Wanneroo Road Westminster WA 6061	
Patient Signature	Date