

PPG Comment Form

Use this form if you would like to make a comment or suggestion to be discussed in an upcoming PPG Meeting.

Your Details	
Name	
Date of Birth	
How long have you been a patient at Felmores or Long Riding?	
☐ One year or less ☐ Less than 5 years ☐ Over 5 Years ☐ Ov	er 10 years
Your Comment or Suggestion	
What is the nature of your comment or suggestion?	
☐ Clinical ☐ Administrative ☐ Other ☐ Please Specify	
Please write you comment or suggestion below, if you need more space please continue on the other side of the sheet.	
Date	