KINGSWAY
MEDICAL CLINIC
GENERAL FAMILY PRACTICE

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Patient Suggestion Form

Doctors and staff at this Practice are committed to providing you with high standards of patient care. Your input will help us to improve our service. Do you have any comments about us? Is there any aspect of our care that could be improved?

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Your responses are treated in confidence. Thank you for taking the time to write down your suggestions.

Name (Optional)_____