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FEEDBACK AND COMMENTS

Use this form to document your feedback and provide comments regarding services and aspects of the clinic and provision of medical services. Written complaints may be documented on this form.

What are your comments?

How may medical services be improved at the clinic?

Please send this completed form to

Practice Manager,
COGUS Clinic,
170 Thompsons Road,
Bulleen, 3105
Victoria.

A response from the clinic may take up to 28 days time.

Your Full Name and signature

Your postal address

Today's date