



# SHELLEY MANOR & HOLDENHURST M E D I C A L C E N T R E

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## Patient Feedback Form

Thank you for taking the time to provide us with your feedback regarding our Surgery.

Your comments / suggestions are important to us and will help us to continue to develop our site to ensure it is informative and useful for our patients.

Please provide your name and address and preferred contact details if you would like us to reply to your comments / suggestions.

We welcome comments or suggestions on how we can improve our services or indeed any aspect of your experience when attending the surgery.

Name .....

Address .....

Daytime Contact number .....

Email .....

Subject .....

Comments & suggestions (enter in box below)