

PAD FEEDBACK FORM

Dear PAD families,

In an effort provide your family with excellence in pediatric care, the PAD team is interested in your feedback. Please feel free to fill out this form and leave it in the room or return it by mail (a pre-paid envelope is available upon request).

Dear PAD,

Here is something that I'd like you to know...

In terms of receiving medical care, this is what I value...

Sincerely,

If you wish, you may leave us your name and contact information

Would you refer a friend or relative to our practice? Yes No
