

Fair Oaks Women's Health  
Obstetrics and Gynecology  
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### PATIENT CONCERNS or COMPLAINTS

Please help us improve service by submitting your concerns or complaints.

Date: \_\_\_\_\_

Patient Name (optional): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Issue Described: \_\_\_\_\_

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What was done about it? \_\_\_\_\_

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Name and Signature of person filling out this form (optional)