SMC Southside Medical Center

PATIENT COMPLIMENT FORM

Today's Date: _____ **Patient ID No.:** _____

Patient Name: _____ **Phone Number:** _____

Address: _____

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✓ Area

	Adult Medicine		Specialty		Women's Center (OB/GYN)
	Dentistry		Satellite – Gresham		Satellite – Jackson (Butts Co)
	Lab		Satellite – Cleveland		Satellite – Hope (Spalding Co)
	Medical Records		Satellite – Riverdale		SBLEC
	Optometry		Satellite – Lovejoy		HOPWA
	Pediatrics		Satellite – Forest Park		Pharmacy

COMPLIMENT

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Signature _____

MANAGEMENT

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Signature _____

Position/Title _____

Rv2015