



Clackamas & Oregon Pediatrics

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www.oregonpediatrics.com

PATIENT FEEDBACK FORM

We are committed to providing quality healthcare and respecting your patient rights. We take all feedback, comments, and/or concerns very seriously and will not retaliate for filing a complaint. To share feedback, complete this form and return it as follows:

- ❖ via phone at: [503] 659-1694
- ❖ via email at: HIM@orpeds.com
- ❖ via our website: on the "Contact Us" page
- ❖ via mail to: Clackamas & Oregon Pediatrics
Attn: Practice Manager
8645 SE Sunnybrook Blvd. #200, Clackamas, OR 97015

PATIENT NAME: _____
Last First

DOB: ____/____/____

SUBMITTED BY: _____
Last First

PRIMARY PHONE: (____) _____

DETAILS OF FEEDBACK

DATE: ____/____/____

CLINIC LOCATION:

- Clackamas NE Portland Happy Valley Tualatin

NATURE OF FEEDBACK:

- Access to Care Quality of Care Quality of Service Billing Other _____

FEEDBACK INVOLVES:

- Practitioner(s) Medical Assistant(s) Receptionist Bookkeeper Other _____

DETAILS OF FEEDBACK (continue on back side if more space is needed):

X _____
Signature of Patient or Parent / Legal Guardian

Relationship to Patient

____/____/____
Date Signed

