**Patient Feedback Form**

Patients may wish to submit a feedback form regarding the experience they have had here at the surgery or regarding a specific member of staff. Please fill out the form below and drop in to the surgery or email it to us at: highfield.enquiries@nhs.net

**Patient feedback Form**

Patient Name:

Date of Birth:

Telephone Number:

Please detail the compliment below, including dates, times and names of the personnel involved if known.

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