

# Magers Health and Wellness Center

## Comment Form

Magers Health and Wellness Center values input in all forms. Please complete the following form if you would like to provide comments regarding Privacy Practices, Patient Rights and Responsibilities, or any other area of Magers Health and Wellness. Your comments will be reviewed by the Director and all reasonable efforts will be made to address them. Please provide enough information that we may understand the scope of the complaint you are making (attach additional pages if necessary).

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May we contact you if we need additional information? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there documents available that we should look at for additional information? If so, please provide information on the description and location.

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*The following information is optional:*

**Name** \_\_\_\_\_

**Telephone number** \_\_\_\_\_

**Address** \_\_\_\_\_

Other comments/suggestions?

***This form may be taken to Magers Health and Wellness Center or mailed to: Magers Health and Wellness, 901 S. National Ave., Springfield, MO. 65897***