Wilkinson Eye Center, P.C.

dedicated to EXCELLENCE in eye care

Certified Doctors of Ophthalmology

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Patient Complaint Form

Our Practice values the privacy of its patients and is committed to operating in a manner that promotes patient confidentiality while providing high-quality patient care.

If the practice staff has fallen short of this goal, we want you to notify us. Please be assured that your complaint will be kept confidential. Please use the space provided below to describe your complaint. It is our intent to use this feedback to better protect your rights to patient confidentiality.

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Name of patient: _____

Date: _____

Signature of patient: _____

Phone #: _____