



## **PATIENT FEEDBACK**

Thank you for choosing Gaston Medical Group, PA as your health care provider. The mission of our billing and medical team is to provide you with high quality service and comprehensive medical care. Our goal is to deliver excellent health care to each individual and to serve our patients in a timely manner. **YOUR FEEDBACK IS VERY IMPORTANT TO US.** Please take a moment to complete this survey and return it to our front desk before leaving today or mail it at your earliest convenience to the address below. The information from this survey will be used to help improve our practice and your patient experience.

This information is also located on our website under forms.  
[www.gastonmedicalgroup.com](http://www.gastonmedicalgroup.com)

If mailing, please send the completed form to:

Gaston Medical Group, PA  
Attn: Office Manager  
660 Summit Crossing Place Suite #301  
Gastonia NC 28054

- Any suggestion(s) for improvement?
  
  
  
  
  
  
  
  
  
  
- What are we doing right?
  
  
  
  
  
  
  
  
  
  
- What are we doing wrong?

Thank you in advance for taking the time to complete this form.

**Gaston Medical Group, PA**