Anderson Valley Health Center

WE STRIVE TO PROVIDE THE BEST CARE AND SERVICES POSSIBLE TO OUR COMMUNITY AND VISITORS. YOUR FEEDBACK IS VERY IMPORTANT TO US. PLEASE LET US KNOW ABOUT YOUR EXPERIENCE AT AVHC.

NAME (OPTIONAL): _____ DATE _____

WHAT WOULD YOU LIKE US TO KNOW ABOUT YOUR EXPERIENCE?

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WOULD YOU LIKE A CALL BACK FROM MANAGEMENT ABOUT THIS?

- ☐ YES
- ☐ NO

IF YES, PLEASE PROVIDE A PHONE NUMBER OR OTHER CONTACT INFORMATION SO THAT WE MAY FOLLOW UP WITH YOU:

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