



NOTE TO OUR OFFICE ADMINISTRATION

Name _____ Account number (if known) _____

How can we contact you to thank you? _____

Nature of Your Note

- | | |
|--|--|
| <input type="checkbox"/> Suggested Improvement | <input type="checkbox"/> Special thanks to a particular employee or department |
| <input type="checkbox"/> Complaint | <input type="checkbox"/> Other |

Location

- | | |
|--|---|
| <input type="checkbox"/> Uptown (Napoleon Ave) | <input type="checkbox"/> Metairie (Houma Blvd) |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> General or unspecified |

Office Department

- | | | |
|--|---|---|
| <input type="checkbox"/> Appointment Schedulers | <input type="checkbox"/> Front Desk Reception | <input type="checkbox"/> Check Out |
| <input type="checkbox"/> Nursing Staff | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Billing Department |
| <input type="checkbox"/> Medical Legal | <input type="checkbox"/> Collections | <input type="checkbox"/> Business Office |
| <input type="checkbox"/> Other (or non specific) _____ | | |

Individual(s) _____

Comments _____

May we share your name with our staff? Yes No

Print, complete and fax/email to:
Fax: (504) 899-7317 • Email: Main@southern-ortho.com

