

Peninsula Eye Centre

Patient Feedback Form



At Peninsula Eye Centre, we are committed to providing you with the highest possible standard of patient care. Your input is kept confidential and will help us to improve our service.

Do you have any feedback or comments about your experience at Peninsula Eye Centre? Is there any aspect of our service that can be improved?

Thank you for taking the time to write down your feedback. Please leave this form in the Suggestion Box provided in the waiting area.

Name (optional) _____

Would you like to be contacted to discuss further? Yes No

If yes, please provide your phone number _____