

BC Biomedical Physician Office Feedback Form

Please **complete** the below form and click **submit** to send to our Client Services department. Alternatively you can, print out, and fax to our Client Services department at 604-507-5201.

Physician Details

Physician or Clinic Name

Office Manager Name

Current Address

City

Postal Code

If you would like us to call you about your feedback please provide your contact number:

Feedback

- 1) What do you most like about BC Biomedical's laboratory service?
- 2) What do you least like about BC Biomedical's laboratory service?
- 3) Do you have any specific suggestions or ideas for us at this time?

Thank you for taking the time to provide us with your feedback!