



Provincial Health Services Authority

Comment Card

We welcome your feedback

Did we meet your needs? Your concerns? Your expectations? Did we fall short or exceed in some areas?

We commit to providing high quality care, treatment and service. We also believe in providing a high quality work environment for our staff. We are constantly evaluating our performance.

We value your suggestions and comments. Please take a moment to write your comments on this form, place it in the box provided, or return by mail (address on reverse).

Date: _____

I am a: ☐ Patient ☐ Family Member ☐ Friend ☐ Staff Member

Purpose of visit (If a patient): ☐ New Patient ☐ Radiation Therapy ☐ Follow Up ☐ Lab
☐ In Patient ☐ Chemotherapy ☐ Other

Comments: _____

Thank you for your co-operation and assistance in completing this form. All comments will be kept in the strictest of confidence. If you wish a response please provide your name and address.

Name: _____

Email: _____ Phone: _____

If you wish to mail your comments
please send to:

BC Cancer – Surrey
Administration Office
13750 96th Avenue
Surrey, BC
V3V 1Z2

Fold along the dotted lines: ❶ fold bottom third inside ❷ fold top third & tape ❸ affix stamp & mail