

Big Sky Surgery Center, LLC  
2833 Fort Missoula Road  
Missoula, Montana 59804  
(406)542-6559

Thank you for taking your time to provide your Suggestions, Compliments, Comments, Concerns and Complaints to the personnel, Administration, Medical Staff and Board of Directors of the Big Sky Surgery Center.

If you DO NOT want to be contacted by a representative of our Center to further discuss your comments, please check  I do not want to be contacted.

PATIENT NAME  
(Optional): \_\_\_\_\_

DATE OF SURGERY: \_\_\_\_\_

SURGEON'S NAME: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person completing comment form (Optional):  
\_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

You may give this form to any BSSC employee, place in the collection box, or use the self addressed stamped envelope to mail the form to us.