



LAM CLINIC COMMENT FORM

Instructions: Use this Comment Form to submit a concern or compliment about a LAM Clinic to The LAM Foundation.

Date: _____

By providing your name and contact information, The LAM Foundation will be able to help address your concern and follow up with you, or if you have a compliment, we would like to share this information with the recipient. () I wish to remain anonymous to the LAM Clinic/The LAM Foundation

Name: _____

Email: _____ **Telephone:** _____

Compliment

() This is a compliment about a LAM Clinic or staff member

Concern

() This is a concern about LAM Clinic or staff member

Write your comments here:

Return this comment form to The LAM Foundation by:

- Email: info@thelamfoundation.org or to Sue Sherman at Ssherman@thelamfoundation.org