



FLEX Orthopedic Services, L.P.

Flex Orthopedic Services, L.P.
440 Benmar Drive
Houston, TX 77060

PATIENT COMPLAINT FORM

Date of complaint: _____

Patient's name: _____

Patient's address: _____

City: _____ State _____ Zip code _____

Patient's telephone number: _____

Description of complaint:

Action taken to resolve the complaint:

Name: _____ Date: _____