

MEDICAL CITY ARLINGTON PATIENT ADVISORY BOARD APPLICATION

1. What is your preferred way of receiving communication about the Board?

_____ E-mail _____ Regular Mail _____ Telephone

2. Have you or a family member received care at Medical City Arlington?

_____ Yes _____ No

2a. If "yes", when was the care provided? _____

3. Why would you like to be on the Board?

4. What issues would you like to see the Board address?

5. What special interest, expertise or experiences would you like to offer to the Board?

The completion of this application does not bind the applicant or the hospital in any way. The Patient and Family Advisory Board reserves the right to choose participants that best meet the needs of the program. If selected to participate on the Board, you will be asked to sign a confidentiality agreement.

Applicant Signature

Date

Address

Please mail form to Seana George, Director of Patient Relations, Medical City Arlington, 3301 Matlock Road, Arlington, Texas 76015. Please call 682-509-6033 if you have questions.

"ABOVE ALL ELSE, WE ARE COMMITTED TO THE CARE AND IMPROVEMENT OF HUMAN LIFE"

