

Name: _____

Yes, I would like to receive Lakeshore's newsletter via e-mail. I understand that my email will not be used for any purposes other than the distribution of the newsletter.

My email address is: _____

Yes, I would like the opportunity to participate in a Lakeshore Patient Focus Group.

My name is _____

My age is _____

My gender is _____

I do _____ I do not _____ have children

My PCP is _____

The best day/time of the week for me to participate in a focus group is:

I would be interested in having the following topic or question answered in a future Lakeshore newsletter:
(please use the space below and reverse side of this paper)

Please drop this form in one of the wooden suggestion boxes in our Lobby. If you have received this request electronically please send an email to FamilyMedicineCenter@ucsfmedctr.org. Thank you for your interest.