

PATIENT MEDICAL COMPLAINT FORM
VILLAGE INTERNAL MEDICINE
1843 QUIET COVE
FAYETTEVILLE NC 28304
910-483-8080
910-484-8030, FAX

___ Stephen S. Logue, M.D.

___ Toni D. Meeks, M. D.

___ Sathyamurthy Viswanath, M.D.

___ Solomon Ghebregziabiher, M.D.

___ Patient is here

___ Patient has called

Date: _____ Time: _____ Account #: _____

Patient Name: _____ DOB: _____

Contact Number: _____

Pharmacy Name and Number: _____

Chief Medical Complaint: _____

Staff Response: _____

VIM Staff: _____