

This Contact form has been created to allow for patients and their representatives to formally address any issues that may require contact with Dr Lawson. With complaints or queries the intention is to facilitate a constructive interaction that results in a satisfactory result for all parties. Positive feedback and other suggestions are welcomed and will also be responded to.

The procedure for submitting this form is:

- Submit the form by:**
Email: drlawson@yahoo.co.uk
- Once submitted, you will receive e-mail confirmation that your form has been received.**
- Your contact form will be comprehensively reviewed and responded to by Dr Lawson as soon as possible. Please allow a minimum of 5 working days as it may be necessary to retrieve documents and/or get information from other members of the team.**



In the event of a complaint, should you not be entirely satisfied with the result of your interaction with Dr Lawson, in accordance with the consent agreement provided pre-operatively, the complaint will be forwarded to the South African Society of Anaesthesiologists (SASA) (Website: www.sasaweb.com). The information will be treated confidentially. The SASA CEO and/or a representative of the Private Practice Billing Unit (PPBU) will be able to advise you further should a satisfactory resolution not be found.

DETAILS OF PERSON COMPLETING THIS FORM	
DATE:	
FULL NAMES & SURNAME:	TITLE:
RELATIONSHIP TO PATIENT:	
DAYTIME CONTACT NUMBER:	
NIGHT-TIME CONTACT NUMBER:	
CELLULAR CONTACT NUMBER:	
PREFERRED CONTACT NUMBER AND HOURS OF CONTACT:	
E-MAIL ADDRESS:	
PARTICULARS PATIENT	
FULL NAMES & SURNAME:	TITLE:
DATE OF ANAESTHETIC (IF APPLICABLE):	INVOICE NUMBER (IF APPLICABLE):
PROCEDURE PERFORMED (IF APPLICABLE):	
QUERY/ COMPLIMENT/ COMPLAINT:	
COMPLAINT: HAVE YOU DEALT WITH ANY OTHER PEOPLE RELATING TO THIS COMPLAINT?	
IF YES, PLEASE ELABORATE:	
HOW WOULD YOU LIKE THE COMPLAINT TO BE RESOLVED?	