

**Memorial Medical Center
Patient & Family Advisory Council Application**

Thank you for expressing interest in serving on MMC's Patient & Family Advisory Council. Please complete the following application and submit to Kevin Stranberg via email at: pfac@ashlandmmc.com. Applications can also be mailed to:

Memorial Medical Center
C/O Kevin Stranberg
1615 Maple Lane
Ashland, Wisconsin 54806

If you have any questions, please contact Kevin at 715-685-5181.

First Name:

Last Name:

Address:

City:

State: Zip:

Home Phone:

Cell Phone:

E-mail:

Choose One:

Past Patient

Family Member/Care Giver of Past Patient

My care at MMC was: (Please check all that apply)

Inpatient

Outpatient

Emergency

Other

If other, please specify:

Why would you like to be a member of the Patient Family Advisory Council?

What areas of concern would you like to discuss?

What are some things MMC staff did or said that were helpful during your hospital visit?

What would you have liked to have seen done differently while you received care at MMC?