



Patient Advisory Council Community Representative Application

Name: _____

Address: _____

E-mail: _____

Phone: _____

Best way to reach you: _____

Why are you interested in joining the Patient Advisory Council? _____

What are good days and times for you for meetings? _____

Have you received services at Magruder (inpatient stay, outpatient services, physician office, offsite therapy or lab services etc.)? _____

Please complete this information and return to Magruder Hospital, Attn. Ashley Below, 615 Fulton Street, Port Clinton, OH 43452. You can also drop it off with the receptionist in the main lobby, or e-mail it back to abelow@magruderhospital.com. Thank you!