

**HOUSTON METRO ORTHO AND SPINE
SURGERY CENTER**

4219 Richmond Avenue Suite 200, Houston Texas
77027 Phone #713-487-0001 Fax #713-487-0002

Complaints concerning this facility should be directed to:

The Director, Texas Department of Health
Health Facility Licensure and Certification
1100 W. 49th Street
Austin, Texas 78756
Phone: 1-888-973-0022

Complaints may be registered with department by phone or in writing. A complainant may provide his/her name, address, and phone number to the department. Anonymous complaints may be registered. All complaints are confidential.

Quejas acerca de esta facilidad deben de ser dirigidas a:

The Director, Texas Department of Health
Health Facility Licensure and Certification
1100 W. 49th Street
Austin, Texas 78756
Phone: 1-888-973-0022

Quejas registradas con este departamento pueden hacerse por teléfono o por escrito. El demandante puede dar su nombre, dirección, y número de teléfono al departamento. Quejas anónimas pueden registrarse. Todas las quejas seran confidenciales.

PATIENT / GUARDIAN SIGNATURE

DATE