

# Healthcare Service Quality Evaluation

Date: [Insert Date]

To: [Recipient's Name]

Position: [Recipient's Position]

Organization: [Organization Name]

Address: [Organization Address]

Dear [Recipient's Name],

We are conducting an evaluation of the quality of healthcare services provided at [Facility/Organization Name]. Your feedback is essential to help us understand our strengths and areas for improvement.

## Evaluation Criteria

- Accessibility of Services
- Staff Competence
- Patient Care Experience
- Facility Environment
- Overall Satisfaction

We kindly ask you to complete the attached survey by [Insert Deadline]. Your insights will be invaluable in enhancing the quality of care we provide.

Thank you for your time and contribution to improving our healthcare services.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Your Contact Information]