

Patient Communication Preferences for Satisfaction Surveys

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient Name],

At [Hospital/Clinic Name], we value your feedback and strive to improve our services continuously. To enhance your experience, we would like to know your preferences regarding communication for satisfaction surveys.

Please indicate your preferred communication methods:

- Email
- Phone Call
- Text Message
- Postal Mail

Preferred Time for Communication:

Please specify your preferred days and times for us to reach out to you:

[Your response]

Additional Comments:

[Your response]

Thank you for taking the time to share your preferences with us. Your feedback is essential to us.

Sincerely,
[Your Name]
[Your Position]
[Hospital/Clinic Name]