Dear [Patient's Name],

We hope this message finds you well. Thank you for choosing [Medical Facility Name] for your healthcare needs.

Your experience is very important to us, and we would like to invite you to provide feedback on the services you received during your recent visit on [Date of Visit].

Please take a few moments to share your thoughts through our online survey by clicking the link below:

Give Feedback

Your feedback will help us improve our services and ensure that we continue to meet the needs of our patients.

Thank you for your time and support.

Best regards,

[Your Name]
[Your Position]
[Medical Facility Name]
[Contact Information]