

# Patient Experience Feedback

Date: [Insert Date]

To: [Hospital Administration Name]

From: [Patient Name]

Patient ID: [Patient ID]

Department: [Department Name]

**Dear [Hospital Administration Name],**

I am writing to share my recent experience at [Hospital Name] during my visit on [Insert Date]. Overall, I appreciate the care I received; however, I believe there are areas where improvements could enhance patient satisfaction.

## **Positive Aspects:**

- Courteous and professional staff.
- Clean and organized facilities.
- Timely appointments and minimal wait times.

## **Areas for Improvement:**

- Communication: [Insert specific feedback]
- Follow-up care: [Insert specific feedback]
- Facility amenities: [Insert specific feedback]

Thank you for taking the time to consider my feedback. I hope my insights will help improve the patient experience at [Hospital Name].

Sincerely,

[Your Name]

[Your Contact Information]