

# Dear [Patient's Name],

We hope this message finds you well. We are reaching out to request your feedback regarding your recent maternity care experience with us at [Hospital/Practice Name]. Your insights are invaluable in helping us improve our services and ensure the highest quality of care for our patients.

We would appreciate it if you could take a few moments to complete the attached survey. Your responses will be kept confidential and will only be used for the purpose of enhancing our maternity care services.

Thank you for choosing [Hospital/Practice Name]. We look forward to hearing your thoughts!

Sincerely,  
[Your Name]  
[Your Position]  
[Hospital/Practice Name]  
[Contact Information]