

Outpatient Satisfaction Survey

Dear Valued Patient,

Thank you for choosing our healthcare facility for your outpatient services. We are committed to providing the highest quality of care and your feedback is crucial in helping us improve our services.

We kindly ask you to take a moment to complete our patient satisfaction survey. Your responses will remain confidential and will be used solely for the purpose of enhancing our services.

Survey Link: [Click here to access the survey](#)

Your input is invaluable to us, and we appreciate your time and effort in helping us serve you better.

Thank you for your participation!

Sincerely,
[Your Healthcare Facility Name]
[Contact Information]