

Dear [Patient's Name],

Thank you for trusting us with your surgical care. We hope this letter finds you in good health.

We are conducting a satisfaction survey to gather your feedback regarding your recent surgical experience. Your insights are invaluable and will help us improve our services.

Please take a moment to answer the following questions:

1. How would you rate the quality of care you received? (1-Poor, 5-Excellent)

2. How satisfied were you with the communication from your surgical team? (1-Very Dissatisfied, 5-Very Satisfied)

3. Were your follow-up questions and concerns addressed promptly? (Yes/No)

Yes

No

4. Additional Comments:

Your feedback is essential in helping us provide the best care possible. Thank you for participating!

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]