

Neurological Exam Feedback Request

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We are reaching out to request your feedback regarding your recent neurological examination conducted on [insert date of exam]. Your insights are invaluable to us as we strive to improve our services and the overall patient experience.

Feedback Questions:

- How would you rate your overall experience during the examination?
- Were the staff members friendly and attentive?
- Did you feel comfortable throughout the examination process?
- Was the information provided about the examination clear and satisfactory?
- Do you have any additional comments or suggestions?

Please take a few moments to respond to this request. Your feedback can be submitted via email at [insert email address] or by calling our office at [insert phone number].

Thank you for your time and valued input.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]