

**Dear [Patient's Name],**

Thank you for choosing [Clinic/Hospital Name] for your recent consultation on [Date]. We value your feedback and would greatly appreciate it if you could take a few minutes to share your experience with us.

Your insights will help us improve our services and ensure that we continue to meet the needs of our patients. Please complete the attached evaluation form or visit our website at [Website URL] to provide your feedback.

Thank you for your time and support.

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