

[Your Name]  
[Your Title]  
[Health Center Name]  
[Health Center Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Patient's Name]  
[Patient's Address]  
[City, State, Zip Code]

Dear [Patient's Name],

Thank you for recently visiting [Health Center Name]. We continually strive to improve our services, and your feedback is essential to our mission.

We would appreciate it if you could take a moment to share your thoughts on your experience with us. Please consider the following areas:

- Overall Satisfaction
- Staff Communication
- Wait Times
- Quality of Care

Your insights will help us ensure that our patients receive the best care possible. Please feel free to respond to this letter or contact us at [phone number] or [email address].

We value your input and thank you for being a part of our community.

Warm regards,

[Your Name]  
[Your Title]  
[Health Center Name]  
[Health Center Contact Information]