

[Your Clinic's Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip]

Dear [Patient's Name],

We hope this letter finds you well. Thank you for choosing [Clinic Name] for your recent rhinoplasty procedure. Your satisfaction is our top priority, and we are committed to ensuring that your experience meets your expectations.

We would appreciate it if you could take a few moments to share your thoughts by completing our Patient Satisfaction Survey. Your feedback is invaluable and will help us enhance our services and provide the best care for our patients.

****Survey Link:**** [Insert Survey Link]

The survey consists of a few questions regarding your experience, the surgery process, and your overall satisfaction with the results. Your responses will remain confidential and will only be used for quality improvement purposes.

As a token of our appreciation, you will be entered into a drawing for a [insert incentive, if applicable] upon the completion of the survey.

Thank you once again for entrusting us with your care. We look forward to hearing your feedback!

Warm regards,

[Your Name]

[Your Title]

[Clinic Name]

[Phone Number]

[Email Address]