[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

Thank you for choosing [Facility Name] for your recent colonoscopy procedure on [Date of Procedure]. We hope that your experience with our clinical team and staff was professional and comfortable.

At [Facility Name], we are committed to providing the highest quality of care. To help us maintain our standards and improve our services, we invite you to complete a brief patient satisfaction survey regarding your visit.

Your feedback is anonymous and will only take a few minutes of your time. You can complete the survey in one of the following ways:

- **Online:** Visit [URL Link] and enter code [Access Code].
- **By Phone:** Call our patient experience line at [Phone Number].
- **By Mail:** If a paper survey was included with this letter, please return it in the provided postage-paid envelope.

We value your input and appreciate your honesty. If you have any immediate concerns or would like to speak with a manager regarding your care, please contact us directly at [Phone Number].

Thank you for trusting us with your health.

Sincerely,

[Name/Signature]
[Title]
[Facility Name]