

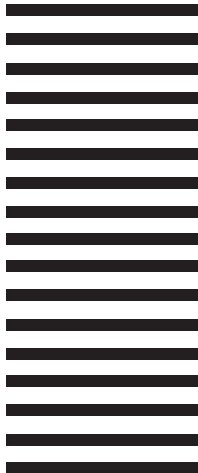


Petoskey, MI 49770-9982
416 Connable Avenue

PATIENT RELATIONS
NORTHERN MICHIGAN REGIONAL HOSPITAL

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 102B PETOSKEY MI



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



How Did We Do?



At Northern Michigan Regional Hospital, we promise to provide healthcare as we expect for our own family. It is important to us that you are satisfied with the service you received. Committed to making sure that you receive the very best healthcare services, I've made it my responsibility to keep that promise to every patient, every day, 365 days a year.

I hope you will take a moment to fill out this form. Whether we've exceeded your expectations or need to improve, I will personally review your feedback. Your input is very helpful as we continually strive to provide an exceptional experience for all we serve.

On behalf of the 1,700 Colleagues at Northern Michigan Regional Hospital, thank you for your help.

Sincerely,

Thomas Mroczkowski, President & CEO
Northern Michigan Regional Hospital

Northern Michigan
REGIONAL HOSPITAL

Your Health is Our Specialty



Our Mission: Providing healthcare as we expect for our own family.



Date: _____ Level: _____

Please complete the following questions:

I can name my personal risk factors for stroke.

Strongly Agree Agree Neutral Disagree Strongly Disagree

I understand what I can do to reduce the risk of another stroke.

Strongly Agree Agree Neutral Disagree Strongly Disagree

The hospital staff worked as a team to deliver my care.

Strongly Agree Agree Neutral Disagree Strongly Disagree

I understand when and why to take new medications prescribed at discharge.

Strongly Agree Agree Neutral Disagree Strongly Disagree

How can we improve? _____

Please rate your overall experience:

Excellent Very Good Good Fair Poor

Northern Michigan Regional Hospital conducts focus groups on various topics throughout the year. If you would be interested in participating in a focus group, please check this box and provide your name and phone number below.

If you would like to be contacted about your visit or to offer additional comments, please check this box and provide your name and phone number below.

Your Name: _____

Your Phone Number: _____

Completing this information within 14 days of your visit will allow us to follow up on your suggestions.