

~[Patient Number]

Please choose only 5 of the following options that you feel we should include in our next patient survey:

On line prescription ordering	
Telephone answering and access	
Waiting room facilities	
Customer service	
Patient information	
Waiting times	
I don't think anything should be changed – the staff work very hard	
Opening times	
Premises	
Clinical care	
Reception issues	
I no longer wish to be a member of the PRG	

Please include your email address if you would prefer us to contact you by email

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