

<HP NAME>

C/O Datastat, Inc.  
3975 Research Park Drive  
Ann Arbor MI 48108

\*\*\*\*\*AUTO\*\*SCH 5-DIGIT 53562 • 1 #  
|||  
PARENT/CARETAKER OF <FIRST NAME> <LAST NAME>  
<ADDRESS 1>  
<ADDRESS 2>  
<CITY> <STATE> <ZIP10>

Si usted prefiere leer esta carta en español, por favor lea la parte de atrás de la misma.

Dear Parent/Caretaker of «fname» «lname»:

How can «Practice Name» serve your family better? Our records show that your child got care from «clfname» «cllname», «clcred» in the last 6 months. The survey in this package gives you the chance to tell us what you think about the care and service your child received from «clfname» «cllname», «clcred».

We are committed to providing your child with the best quality health care available, and your input will help us achieve this goal. This brief survey should take less than 10 minutes of your time.

The person who knows the most about your child's visit to «clfname» «cllname», «clcred» should fill out the survey. Please answer the questions **only for the child whose name is listed above**. Do not answer for any other children.

The information you provide will be kept **private and confidential**. Your child's health care provider will not see your answers matched with your child's name.

After you complete the survey, please send it back in the enclosed pre-paid envelope. Call 1-888-506-5135 if you have any questions.

Your participation in the survey is voluntary; however, the more people who complete the survey, the more useful the results will be.

Thank you for helping to make health care at «Practice Name» better for everyone!

Sincerely,

[Signature]

<PRACTICE REPRESENTATIVE NAME>  
<PRACTICE REPRESENTATIVE TITLE>

DKY-00469-01



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