

# Your satisfaction is important to us

To help us continually strive to make improvements, we would appreciate your input. Please take a moment to comment on your experience at Langlade Hospital. When you are finished, please fold, seal and return it to the survey drop box located throughout the hospital or by mail - all postage is pre-paid.

If you would like to speak to someone about your experience, please contact our Patient/Customer Relations Coordinator at 715-623-9494 or from inside the hospital you are welcome to use a house phone and dial 494.

Thank you for choosing Langlade Hospital. We appreciate the opportunity to be a part of your health care team. Our goal is to provide you and your family the very best service and care.

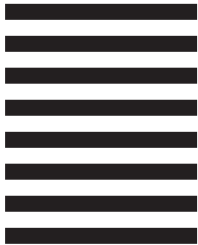
*Thank you!*



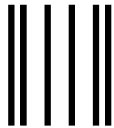
ANTIGO WI 54409-9957  
112 EAST FIFTH AVENUE  
LANGLADE HOSPITAL  
PATIENT CUSTOMER RELATIONS - MAILCART #75

POSTAGE WILL BE PAID BY ADDRESSEE

FIRST-CLASS MAIL PERMIT NO. 5 ANTIGO, WI 54409  
**BUSINESS REPLY MAIL**



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



# Please tell us about your experience...

## We Value Your Comments



**LANGLADE  
HOSPITAL**

An Aspirus Partner

# Patient & Family Comment Form

Date \_\_\_\_\_

Please indicate where you received your care or service:

Nursing Floor/Unit/Department \_\_\_\_\_ Other \_\_\_\_\_

1. Please rate your overall experience with Langlade Hospital (circle one):

Very Good   Good   Fair   Poor   Very Poor

2. What impressed you most during your experience here?

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3. What could we have done to make your experience better?

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4. Please share any ideas, comments or concerns you have.

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5. Did you come into contact with anyone that made your experience very good?

(Please include name of staff member, area and date of contact if possible).

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If you would like to be contacted about your experience, please include information below.

Patient Name: \_\_\_\_\_ Service Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Your name if you are a family member or friend: \_\_\_\_\_

***Thank you for helping us provide better experiences for our patients and families.***

Please remove tape backing, fold and mail.