Clinician Contact Details

xxx

Dear

You have recently been a patient at xxx Hospital under the care of the Enhanced Recovery Programme. We would be very grateful if you could spare a few minutes of your time to complete the attached surgical wound healing questionnaire, as this will enable us to monitor our wound infection rates.

When you have completed the questionnaire please send it back to us in the pre-paid envelope supplied.

We would like take this opportunity to send you our best wishes and to thank you for your help and assistance for taking part in this survey.

Many thanks,

xxx