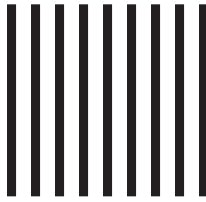


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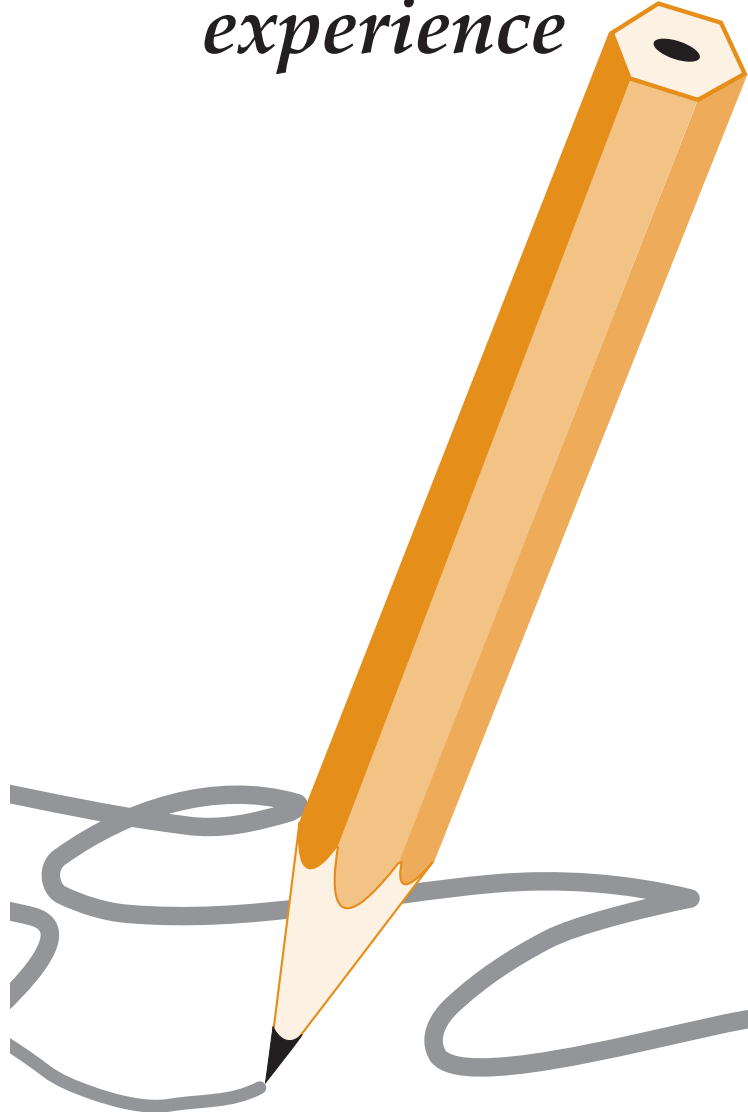
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LAKE CITY MEDICAL CENTER
500 WEST GRANT STREET
LAKE CITY, MN 55041



Lake City Medical Center
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*Please
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about your
experience*



Alma, Lake City, Plainview, Wabasha

Thank you for choosing Lake City Medical Center.. We hope your experience with us will be as comfortable and pleasant as possible.

At Lake City Medical Center, our mission is to provide you with the finest care and service possible. Your comments and suggestions help us to continuously improve the way we serve you. Please write your comments on this postage-paid card. Then simply seal the card and drop it in a mailbox or leave it at any clinic desk or hospital nursing station.

Thank you for trusting your health care to Lake City Medical Center and for sharing your thoughts with us.

I received care at Clinic Hospital Nursing Home

Tell us about your experience

What suggestions do you have for improvement?

Would you like us to contact you about your experience? Yes No

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Address

City, State, ZIP

Phone Number

Fold card lengthwise, moisten adhesive strip and close prior to mailing.