

ATTACHMENT D

**CHIPRA PHYSICIAN SURVEY
REMINDER POSTCARD**

Dear Dr. [FILL NAME],

We recently mailed you an important survey on behalf of AHRQ about quality measures and quality of care for pediatric patients.

**If you have completed your survey, thank you!
If you have not, please do so as soon as possible.**

If you have any questions or need a new copy of the survey, please contact us at {FILL NUMBER} or {EMAIL}. Thank you for your help! This study can only be successful with the help of physicians like you.

Sincerely,

Signature

Name

Organization/Title