

*Dear (name),*

*As an enrollee in the Executive Medicine/Health Program who has had an appointment in the last year, you have been selected to participate in a DHA feedback survey on the Executive Medicine/Health program. The survey should take less than 5 minutes to complete and will help assess satisfaction with the program and identify areas for improvement. Your participation is voluntary and your responses will be kept confidential.*

*To access the survey, please use the link below. We ask that you please complete the survey by (insert date).*

*<<survey link>>*

*Sincerely,*

*(Name)*