



**MEMORIAL HOSPITAL**  
"WE'RE ALL ABOUT YOU... YOUR FAMILY... OUR COMMUNITY" **INC.**

**COMMENT CARD**

We value your comments and welcome you to let us know about your experience at Memorial Hospital.

**PATIENT NAME:** \_\_\_\_\_

**PHYSICIAN NAME:** \_\_\_\_\_

**COMMENT:** \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please mail to:**

Memorial Hospital, Inc.  
1000 Hospital Dr.  
McPherson, KS 67460

Attn: Administration