

McLaren Northern Michigan will provide health care as we expect for our own family.



Date: _____ Level: _____



Please take a moment to comment about your experience at McLaren Northern Michigan. Your feedback will help us achieve our guiding principle of providing health care as we expect for our own family. Your thoughts and impressions are very much appreciated.

Please share your experience with us:

Please contact me about my visit for additional comments.

Name: _____ Phone Number: _____

Completing this information within 14 days of your visit will allow us to follow up on your suggestions.