



Madison

Regional Health Foundation

Care to Share

The Madison Regional Health Foundation's Grateful Patient Program

Care to share your story about the exceptional care you received at Madison Regional Health System? We take health information privacy seriously and can only share stories that are shared by grateful patients and their family members who give us their permission on this form. Thank you for sharing your story with us!

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

I would like to recognize the following health care provider(s):

I give my permission to be contacted to share my story of the exceptional care I received at
Madison Regional Health System _____
Name Date

Please use the other side of this form to briefly describe your experience:

Please send this form to the Foundation Office, 323 SW 10th Street, Madison, SD 57042.

Your story may be shared as an example of the quality and compassionate health care that MRHS provides to our community.

