



End-Stage Renal Disease Network of New England
 30 Hazel Terrace
 Woodbridge, CT 06525
 (203) 387-9332
 www.networkofnewengland.org

Date Mailed _____ Name or Provider # _____

What was mailed? _____

Enclosed you will find the free educational materials you requested from the ESRD Network of New England. We are happy to be an educational resource for your patient and staff needs.

PLEASE GIVE US YOUR FEEDBACK!

Were your needs met by this material? Yes No

If no, why? _____

Was your request filled in a timely manner? Yes No

If no, why? _____

Was your telephone experience with Network staff positive? Yes No

If no, why? _____

How will you use this material for education in your facility?

- Give it to patients Explain it to patients and give it to them
- Give it to staff Explain it to staff and give it to them
- Other _____

Did this material improve patient or staff overall understanding of ESRD treatment?

- Yes and how? _____
- No and why? _____

What is your role in the facility?

- Doctor Nurse Social Worker
- Dietitian Technician Other _____

Please FAX this form to 203-389-9902. Thank you.