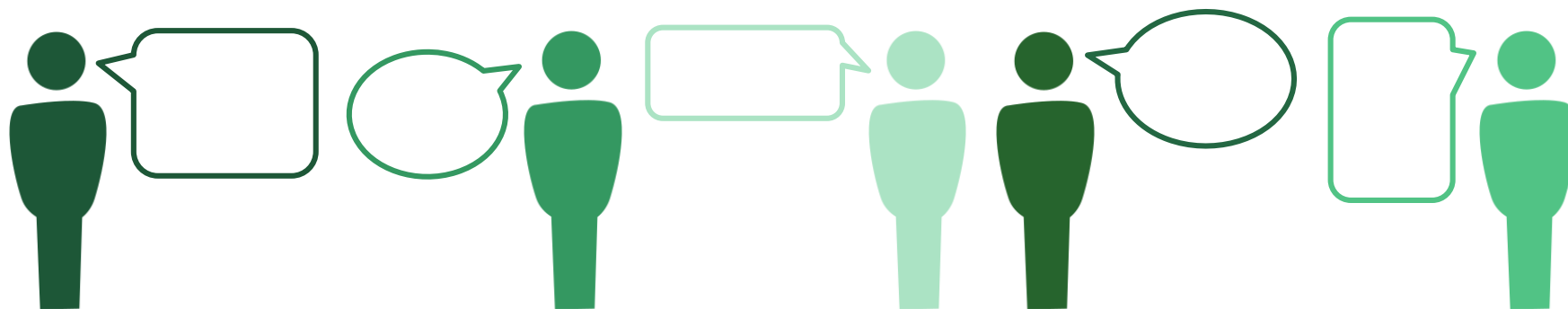


Scottish Cancer Patient Experience Survey

If **you** receive a letter asking you to complete this survey – please fill it in. We are keen to hear **your** experiences of **your** local cancer care services. **Your** opinion is important to us.



More information available at www.gov.scot/CancerSurvey