

COMMENT FORM

Name: Jack + Kathy McKnight Date: 11-18-09

1. How Do You Rate Our Services?

On a scale of 1-10 (with 10 being best), please rate our practice:

Office Atmosphere: 10 Staff: 10 Services: 10

What can we do better? _____

What did you like best? _____

2. What Would You Tell Others?

If someone you know were interested in our services, what would you tell them about our practice?

Friendly and competent.

Often, people who are considering our services like to hear about the experiences of others. May we share your comments in our educational/promotional materials?

Yes. Please initial: KMM

No.

Please see other side...