

**COMMENT FORM**

Name: Louise Snow Date: 1-14-10

**1. How Do You Rate Our Services? # 10**

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

Office Atmosphere: ✓ Staff: ✓ Services: ✓

What can we do better? you all did a great job.

What did you like best? Time side aside former was always met

**2. What Would You Tell Others?**

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

Very much so, you were prompt, would call back just as soon as you were able.

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: LS

No.

*Please see other side...*