

**COMMENT FORM**

Name: Norbert & Judy Warner Date: \_\_\_\_\_

**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? Thoroughness of service

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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\_\_\_\_\_

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: NW

No.

*Please see next page...*