

COMMENT FORM

Name: David L. Samuel Date: Dec 2, 2011

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? Very punctual and friendly.

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\_\_\_\_\_

2. What Would You Tell Others?

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

Trustworthy and very professional

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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: DS

No.

Please see other side...