

COMMENT FORM

Name: PAUL & MARGARET C. MARZANIK Date: 3/6/12

1. How Do You Rate Our Services?

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

Office Atmosphere: 8 Staff: 10 Services: 10

What can we do better? MET OUR CONCERNS, NOTHING TO COMPARE IT TO,

DON'T ~~REMEMBER~~ REMEMBER IF SOMETHING TO DRINK WAS OFFERED AT OUR MEETINGS, WOULD HAVE BEEN NICE.

What did you like best? YOU DID WHAT YOU SAID YOU WOULD DO. - NO SURPRISES.

2. What Would You Tell Others?

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

WE WERE SATISFIED WITH THE SERVICE AND HAVE NO REASON TO NOT RECOMMEND YOUR SERVICES

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: PM

No.

Please see next page...