## **COMMENT FORM**

Name: Cilien L. Faulkner Date: 8-9-12 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? I cannot think of any at this time. What did you like best? Being able. to ask any of the questions I had and not made to feel as though they were dumb questions.

## 2. What Would You Tell Others?

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

I would 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?

X Yes. Please initial: <u>Eff</u>

 $\square$  No.

Please see other side ...