## **COMMENT FORM**

Name: Joel a Sandy Hipp \_Date:\_\_\_ 1. How Do You Rate Our Services? On a scale of 1-10 (with 10 being best), please rate our practice: Office Atmosphere: 0 Staff: 0 Services: 0What can we do better? What did you like best? Very personal attention.

## 2. What Would You Tell Others?

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

Will a have recommended your vice because we have been very

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?

XYes. Please initial:  $\Box$  No.

Please see next page...