

COMMENT FORM

Name: Klaine Daily Date: 12-31-11

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 was very happy with your service & don't see where you need improvement.

What did you like best? I appreciated that you came to Mercy Siena to meet with my parents. I also really appreciate the binder with all the documents clearly marked.

2. What Would You Tell Others?

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

We received good advice & services were rendered efficiently.

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: dd

No.

Please see next page...