

COMMENT FORM

Name: PAUL STEPP Date: 7-26-12

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 AM HAPPY

What did you like best? ALL INFORMATION

2. What Would You Tell Others?

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

YES I HAVE AND GAVE
THEM YOUR NAME

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: PS

No.

Please see other side...