

COMMENT FORM

Name: ROGER H. WELLS SR. Date: \_\_\_\_\_

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? Nothing I can think of  
at this time

What did you like best? Very PROFESSIONAL

2. What Would You Tell Others?

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

IF I had your BUSINESS cards I would  
give them one & tell them to call you

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: RLW.SR

No.

Please see other side...