COMMENT FORM

Na	me: Marilyn A. Roller Date: 7-28-14
1.	How Do You Rate Our Services?
	On a scale of 1-10 (with 10 being best), please rate our practice:
	Office Atmosphere: \(\frac{1}{D} \) Staff: \(\frac{1}{D} \) Services: \(\frac{1}{D} \)
	What can we do better? Every thing was fine.
	What did you like best? Things being explained so T Could understand.
2.	What Would You Tell Others?
	If someone you know were interested in our services, what would you tell them about our practice?
	•
	Every one in the office is very pleasant and will explain things for you so you
	Can understand
	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: M.A.A.
	□ No. Please see other side