

PERFORMANCE EVALUATION AND TESTIMONIAL RELEASE FORM

Thank you for taking the time to fill out this short questionnaire. We appreciate any and all comments from you...good, bad or indifferent! This helps us to help you, and always strive to improve. (Please use additional paper if you need more space.)

When did you first become a patient? _____

What is your feeling about our practice overall? _____

Please describe a particular experience with us that made you very happy. _____

Please describe the one or two benefits you have received from us that you value the most. _____

Please be specific in telling us how these benefits improved your life. _____

Signing below allows the practice to use your comments and your first name and list initial in our marketing endeavors. If you do not sign, they will not be used.

Name (please print) : _____

Signature: _____

Today's Date: _____

Thank you!