



MEDICAL SURVEY

Please take a moment to fill our survey out so we can better our practice to fit your needs.

1. Tell us your experience with our office.

Good But there is very little parking

\_\_\_\_\_  
\_\_\_\_\_

2. Tell us your experience with our staff.

Very Good in person, not so good over the phone

\_\_\_\_\_

3. Please list any additional comments to better serve you at our office.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient's name Keith Sewell

Signature [Handwritten Signature]

\*With your permission your comments will be posted on our website