



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

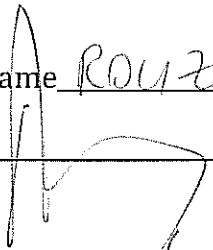
2. Tell us your experience with our staff.

very good

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

sometimes the wait is to long if anything can be done about that, we will greatly appreciate it.

Patient's name ROUZAHIA ALANIS ALI

Signature 

Thank you for everything everyone if you do.

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