



**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 ALABSIAN

Signature 

*Thank you  
for everything  
everyone of  
you do.*

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