



**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.

~~very~~ The waiting has been extremely long at times.

2. Tell us your experience with our staff.

When I called several weeks ago. The only complaint I have is when I was experiencing severe pain and I was not able to see Dr. Haronian until my next appointment.

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

When I need to see the Dr. I feel that ~~I~~ <sup>I</sup> should be able to change my appointments.

Patient's name Alvin  
Signature Alvin

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