

CLIENT SURVEY

Please help me improve our service by answering and returning this brief survey. Thank you.

A. Were you satisfied overall with:

Your treatment by this office? yes no undecided

Your results? yes no undecided

B. Would you recommend this office to others? yes no undecided

C. Do you have any positive comments about Mr. Berenson you would like to share?

*Reasonable, friendly and knowledgeable
Received 100% on Lhasman policies
and reduced medical bills.*

D. If there was something we could have done better, what was it?

N/A

E. What is your overall rating of this office? (please circle one)

Very pleased

Somewhat pleased

Neither pleased nor displeased

Somewhat displeased

Very displeased

F. Your name:

Jacqueline [Signature] *07-8-10*