

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?

Mr. Berenson worked very hard for us. He and his staff went over & beyond to help us any time we had questions or concerns, and were very generous helping us with any problems we had.

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

nothing

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: Gayla L. Mays

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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?

HE, AND ALL OF THE STAFF, WERE VERY
COURTEOUS, PROFESSIONAL AND WENT BEYOND
WHAT COULD NORMALLY BE EXPECTED TO GET US
AS MUCH AS WAS POSSIBLE.

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

NONE, WE ARE VERY PLEASED.

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: R. Todd Myers