

**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 was very prompt in settling  
the case

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: Anthony White