

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?

Good negotiating skills and a very hard worker

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: July Jo