

**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?

*Very polite & caring person, doesn't give up trying to get more for you. Understands the pain you've been through & may still be.*

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

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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:

*Patricia Langston*