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 always very positive attitude, and he was able to get me more money than I thought possible.

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: [illegible]