GALE RANCH FAMILY DENTAL GROUP

FEEDBACK AND TESTIMONIALS

Patient satisfaction is the foundation of our practice. Towards that end, we are asking for your help. We would like to know what we do well and where we could improve. Please answer the following questions and sign at the bottom if we may use your comments in our promotional material. Thank you.

Patient's Name _____

City of Residence _____

Office Visited: (circle one) NEWPARK GALE RANCH WATERFORD

Practice: (circle one) PEDIATRIC ORTHODONTICS ADULT

Dentist's Name _____

Please tell us about the work you had done and how you felt about the process and the results:

Yes! Please feel free to use my comments so others may learn more about the East Bay Dental Group.

_____ _____
Signature **Date**

I prefer that you keep my comments confidential. _____ _____
Initials **Date**

Thank you for taking the time to participate

Gale Ranch Family Dental Group