



DR. CONNY ATHANASOPOULOS

# HOW DID YOU HEAR ABOUT US?

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

DENTIST'S NAME: \_\_\_\_\_

We are conducting this survey to see how our patients hear about us and what motivated you to call our office. We are always looking for ways to improve our service to our patients.

Thank you in advance for your time!

Please circle the 1 to indicate the most important reason you called us for an orthodontic evaluation and please circle the 2 to indicate other ways you heard about our office.

- 1      2      My Dentist
- 1      2      A friend, neighbor, or co-worker recommended you (Please specify)
- 1      2      A family member was treated/is being treated by Dr. Conny. (Please specify)
- 1      2      One of your patients recommended you. (Please specify)
- 1      2      My teacher/School Personnel recommended you. (Please specify)
- 1      2      Heard about you through a school talk, church, community activity.
- 1      2      A staff member at your office recommended you. (Please specify)
- 1      2      Yellow Page Listing
- 1      2      Internet Search
- 1      2      Magazine, newspaper (please elaborate)
- 1      2      Live in the neighborhood/saw your sign
- 1      2      Other (please elaborate)

We value and appreciate your thoughts. We enjoy investing our efforts in making your visit a pleasant and enjoyable one. With your comments and suggestions, we are able to achieve our goal of treating each patient as a member of our family. Finally, please tell us what quality is most important to you when attending an office.

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