

HOW DID YOU FIND US?

NAME _____ DENTIST _____

CITY OF _____
RESIDENCE _____ DATE _____

We are conducting this survey to see how our patients heard about us.
Please **CIRCLE** your main referral source and place a **CHECK MARK**
next to any other ways you have heard about us.

- My Dentist
- A family member was treated/is being treated by Dr. Miller
- My neighbor/friend/co-worker/teacher recommended you.
(please specify whom)
- We saw your yellow page listing
- Internet
- Received postcard
- School talk
- Your staff referred me to the office (please specify whom)
- Magazine/Newspaper (please specify)
- Other (please explain)

Thank You for your answers !! - Dr. Miller & Team