

# HOW DID YOU FIND US?

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

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

We are interested in finding out what or who motivated you to select our office for your orthodontic treatment. We are always looking for ways to improve our service to our patients. We would also like to thank the sources of our referrals. Thank you for taking the time to fill out this form.

Please check ALL that apply:

\_\_\_\_\_ My Dentist

\_\_\_\_\_ Dental Office Staff: \_\_\_\_\_

\_\_\_\_\_ Other family treated: \_\_\_\_\_

\_\_\_\_\_ Personal recommendation from: \_\_\_\_\_

\_\_\_\_\_ Sporting or community event: \_\_\_\_\_

\_\_\_\_\_ Your staff came to my school to teach dental health

\_\_\_\_\_ One of your staff members: \_\_\_\_\_

\_\_\_\_\_ Newspaper

\_\_\_\_\_ Phonebook / Yellow pages

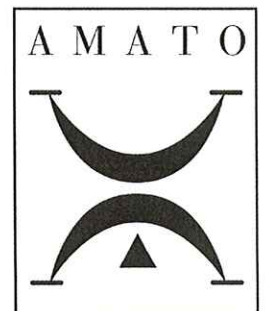
\_\_\_\_\_ T-shirt

\_\_\_\_\_ Website

\_\_\_\_\_ Facebook page

\_\_\_\_\_ Promotional Item: Water bottle, Bag, Pen, etc.

\_\_\_\_\_ Other \_\_\_\_\_



ORTHODONTICS

\* Please return this form to our office at your first appointment!