

## Patient Comment Card

So we may provide you the absolute best in dental care, we appreciate you taking a moment to fill out our comment card.

1. What was the best part of your visit?
2. What would make you feel more comfortable during your visit?
3. If you could change one thing about your appointment, what would it be?
4. Additional comments?

Name: \_\_\_\_\_ Date: \_\_\_\_\_

You will be entered into a raffle for a FREE SONICARE for your comments!

Thank you for your time!



**lata stefano** DDS, Inc.  
Incredible Dentistry