

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

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

GENDER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

**SURVEY OF NEW PATIENTS**

**HOW DID YOU HEAR ABOUT HERNANDEZ DENTAL?**

A. VERIZON YELLOW PAGES \_\_\_\_\_

B. DESERT YELLOW PAGES \_\_\_\_\_

C. T.V. EDUCATIONAL SHOWS \_\_\_\_\_

D. PERSONAL REFERRAL \_\_\_\_\_

E. NEWSPAPER \_\_\_\_\_

F. RADIO \_\_\_\_\_

**WHAT ABOUT THE AD ATTRACTED YOUR ATTENTION:**

\_\_\_\_\_

**WHAT INTERESTED YOU IN THE AD:**

\_\_\_\_\_

**WHAT WOULD YOU CHANGE OR WHAT WOULD YOU LIKE TO SEE IN OUR AD:**

\_\_\_\_\_

**IF REFERRED WHAT DID THE PERSON SAY FOR YOU TO WANT TO COME SEE US:**

\_\_\_\_\_

**WHAT DID THEY LIKE ABOUT HERNANDEZ DENTAL:**

\_\_\_\_\_

**THANK YOU FOR TAKING THE TIME TO DO THIS SURVEY**