



1.) How did you hear about our office? (Please choose all that apply)

- Our Website: WestlandDentalGroup.com (How did you get to our website?):

- Our Facebook Page
- Search Engine/Review Page (Name of website?): _____
- Friend/Existing Patient (Name?): _____
- Doctor/ Insurance (Name?): _____
- Heard us on the Radio (Which Station?): _____
- Other (Please Specify): _____

2.) We love to give back to our patients. Would you like to hear about our special promotions, trivia giveaways, and events, if so how? This is also a good way for us to send you important information. (Please choose all that apply)

- Facebook: Please **like** our page Westland Dental Group to stay updated. **Thank you!**
- Email: _____
- Phone/By Mail: _____

3.) What made you choose us as your dental office? (Please choose all that apply)

- Orthodontic Provider
- Quality of work
- Scheduling
- Great Service
- Location
- Friendly Staff
- Up to date Technology in the office
- Other (please specify): _____

4.) In order to provide you with the best dental services possible, we would like to know how well we are doing now and what we might do better for our patients. Would you like to complete a short survey at the end of your visit to provide us with important information to assist us in our effort to better service you? Yes ___ No ___

Patient Name: _____ **Date:** _____