

Advanced Dental Center

Referral Source

(please check one only)

() Family, friend or current patient (_____)

() One of our Doctors or employees (_____)

INTERNET:

() Yellow pages / YP.com

() Website - direct

() Internet – online ad

() 1 800 Dentist

OTHER:

() Our billboard(s)

() Our TV commercial

() Flyer / mailer

() Our Radio commercial

() Digital sign – drive-by

Let's Talk ! Smile Survey

1. Are there any old fillings or dental work that you don't like looking at ? Y N

2. Do you like the color of your teeth ? Y N

3. Do you have spaces that you don't like ? Y N

4. Do you like the appearance of your teeth ; your smile ? Y N

If not, explain _____

5. If you could wave a "magic wand" over your teeth, what would you change ?

Our practice continues to thrive with the referrals of your friends and family. Again, we greatly appreciate your interest in our practice and look forward to providing you and your family with outstanding dental care.