

WELCOME TO OUR PRACTICE!

Thank you for choosing Dr. Thomas P. Trevisani, M.D. for your cosmetic surgery needs.

We would appreciate you taking a minute to complete this quick questionnaire. If we can be of any further assistance, please do not hesitate to ask.

NAME _____ DATE _____

HOW DID YOU HEAR ABOUT US?

_____ I am a former Patient

_____ T.V. Commercial

_____ Talent Agency, please specify:

_____ Magazine Ad

_____ Speaking Engagement:

_____ Doctor Referral:

WHICH OF THE FOLLOWING RADIO STATION?

_____ 88.7

_____ 95.3

_____ 98.9

_____ 100.3

_____ 101.9

_____ 102

_____ 103.1

_____ 104.1

_____ 105.1

_____ 105.9

_____ 106.7

_____ 107.7

THANK YOU FOR YOUR COOPERATION!

