

## We want to hear your voice

| appreciate your business and would like your feedback on our performance. |
|---|
| DATE: 4-28-17   |
| NAME: UC  |
| On a 5 star rating, how would you rate your visit? Please check one.      |
| (5 stars being the most enjoyable experience and 1 star the least.)       |
| Any additional comments would be greatly appreciated:                     |
| Excellent staff and wonderful doctor i'                                   |
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