



## How did you hear about us?

Please check one of the options below. Thank you!

<input type="checkbox"/> <b>Friend / Family.</b> Please share his or her name and contact information so we can thank them! Name: _____ Address: _____ City / State / Zip Code: _____ Phone: _____
<input type="checkbox"/> <b>Doctor.</b> Please share his or her name and contact information so we can thank them! Name: _____ Address: _____ City / State / Zip Code: _____ Phone: _____
<input type="checkbox"/> <b>Advertisement.</b> Please list where you saw the ad:
<input type="checkbox"/> <b>Newspaper.</b> Please list which one(s):
<input type="checkbox"/> <b>Direct Mail</b>
<input type="checkbox"/> <b>Radio.</b> Please list which radio station:
<input type="checkbox"/> <b>Television.</b> Please list which TV station:
<input type="checkbox"/> <b>Provider Directory</b>
<input type="checkbox"/> <b>Internet / Website.</b> Please list which website:
<input type="checkbox"/> <b>Social Media.</b> Please list which one (Facebook, Twitter, YouTube):
<input type="checkbox"/> <b>Hospital.</b> Please list which one:
<input type="checkbox"/> <b>Phonebook / Yellow Pages</b>