



Dr. Kim is working on a new website and could use your help. Please take a moment to answer as many or as few of the questions below as you would like.

Please, fill this form out digitally and email back to drkim@tysonssmilegalleria.com or print this form, fill it out and mail it to **Kay Kim 1316 Colvin Forest Drive Vienna, VA 22182**

Patient's Name:

Patient since:

Parent/Guardian Name:

Patient's age if under 18:

1 I was treated for or my child was treated for:

[Empty text box for question 1]

2 Have your treatments improved your quality of life? If so, how?

[Empty text box for question 2]

3 What do you like most about your visits to Dr. Kim's office?

[Empty text box for question 3]

4 Would you refer a friend or family member to Dr. Kim? If so, why?

[Empty text box for question 4]

OTHER PATIENTS ARE SAYING:

“I always get personal attention from Dr. Kim. He spends time answering all my questions and addressing all my concerns. I never feel rushed when seeing Dr. Kim.”

“Dr. Kim is friendly and courteous and really tries to make me as comfortable as possible. I am so grateful to Dr. Kim for restoring not only my smile, but also my confidence.”

“My whole family sees Dr. Kim. We're always greeted with a warm smile. Dr. Kim is extremely knowledgeable and caring toward his patients.”

“I love my porcelain veneers! I actually feel pretty when I smile. My husband loves my new teeth too. Thank you so much for the beautiful work.”

If you feel it's warranted, feel free to write a testimonial below.

[Large empty text box for testimonials]

Would you be comfortable with Dr. Kim using any of the information your provided above on his website or in other informational materials. YES NO

Signature:

Date:

[Empty lines for signature and date]