

Welcome!

Name _____

Date _____

Address _____

Phone No. _____

Fax No. _____

How did you hear about our office? (Please check ALL that apply.)

_____ Times Call Newspaper-Ad

_____ Radio

_____ Times Call Newspaper Flyer

_____ Rock

_____ Easy Listening

_____ Daily Camera Newspaper-Ad

_____ Insurance

_____ Daily Camera Newspaper-Flyer

_____ Referring Doctor

_____ Boulder Weekly

(Name) _____

_____ Longmont Magazine

_____ A Friend

_____ Boulder Magazine

(Name) _____

_____ Boulder County Business Report

_____ Eye Care Center Employee

_____ No. Colorado Business Report

(Name) _____

_____ Colorado Daily

_____ Eye Care Center Sign

_____ Yellow Pages

_____ Have you Seen our Website?

(See back)

_____ Attended a Doctor's Seminar

_____ Other (please specify)

Would you be interested in information about any of the following? (Please check ALL that apply.)

_____ Eyeglasses

_____ Corneal Refractive Therapy (CRT)

_____ Contacts

_____ Skin Care

_____ Aesthetic Laser Plastic Surgery

_____ Botox

_____ Laser Vision Correction

