

Welcome to Waushara Dental Associates!

Thank you for entrusting your dental care to us.

Your Name: _____ Date: _____
First Name Last Name

Which of these best describes why you decided to give Waushara Dental a try?:

- Referred by a friend or family member
 - Please share this person's name so that we may thank them for their referral

Name: _____
First Name Last Name

- Referred by my insurance provider/insurance website
- Drove by your office/close to me
- Google/online search

Heard about Waushara Dental Associates through an article or advertisement.

(See options below and please check all that apply)

- Facebook
- Website
- Newspaper
- Yellow Pages
- Community Event *(please describe)* _____
- Other *(please describe)* _____