



JAMES ALTOMARE DDS

— *Our practice revolves around you.* —

DATE _____

NAME _____

Please tell us how you learned about our practice. (Select **ALL** that apply)

_____ Friend/Family *NAME* _____

_____ Staff member *NAME* _____

_____ Other dentist/doctor *NAME* _____

_____ Our website

_____ Internet Search (basic search for "dentist")

_____ Insurance website *Which insurance?* _____

_____ Referral Cards

_____ Post Cards

_____ Tri-Fold Brochure

_____ ZOCCOC

_____ Printed Yellow Pages

_____ Welcome Wagon