

# Professional Eye Associates

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## Testimonial Questionnaire

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email (required): \_\_\_\_\_

Occupation: \_\_\_\_\_

How many times have you used our services? \_\_\_\_\_

What is your overall feeling about our service? \_\_\_\_\_

Describe in detail a specific experience with us that you were happy with:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the benefits that you have gotten from us that you value the most. Please be specific:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you very much. We really appreciate your honest answers.

Please check the following

I do NOT mind if you use my name in any of your promotional materials.

If we use your testimonial, we will give you a \$15 credit towards frames!

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_