



# LE CENTER

Dental Clinic

Name \_\_\_\_\_

Date \_\_\_\_\_

Please tell us how you learned about our office. Select **ALL** that apply.

- Referral by Patient      Name: \_\_\_\_\_
- Referral by Staff      Name: \_\_\_\_\_
- Referral by Dr. McMillen
- Local Event      Event: \_\_\_\_\_
- Returning Patient
- Internet search
- Our website
- Our Facebook page
- Insurance Company