



**ROBERT K. BRYAN  
ORTHODONTICS**

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## HOW DID YOU FIND US?

**WE ARE ALWAYS LOOKING FOR WAYS TO IMPROVE OUR SERVICE. HOW DID YOU HEAR ABOUT US AND WHAT MOTIVATED YOU TO CALL OUR OFFICE? PLEASE TAKE A MOMENT TO COMPLETE THIS BRIEF SURVEY. THANK YOU!**

**WE KNOW FROM YOUR CALL THAT \_\_\_\_\_  
RECOMMENDED US TO YOU. PLEASE CHECK BELOW ANY OTHER WAYS YOU SAW OR HEARD ABOUT  
OUR OFFICE.  
PLEASE CHECK ALL THAT APPLY.**

**MY DENTIST**

**I WAS REFERRED TO YOU BY \_\_\_\_\_**

**HEARD ABOUT YOU THROUGH SPORTS, SCHOOL OR A COMMUNITY ACTIVITY. PLEASE SPECIFY:**

**A MEMBER OF YOUR STAFF REFERRED ME. HER NAME: \_\_\_\_\_**

**SAW YOUR OFFICE WEBSITE**

**INVISALIGN WEBSITE**

**YOU PARTICIPATE WITH MY INSURANCE PLAN: \_\_\_\_\_**

**OTHER (PLEASE ELABORATE) \_\_\_\_\_**

**NAME: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

**DENTIST'S NAME: \_\_\_\_\_**