

Referral Sources

NAME _____ ACCOUNT # _____

THANK YOU
for choosing the Triangle Vein Clinic.

It would be a tremendous help to us to know
how you learned about us.

Please take a few minutes to give us your input. Thank YOU!

How Did You Learn About Us?

Please Check All That Apply

- | | |
|--|--|
| <input type="checkbox"/> Referring Doctor | <input type="checkbox"/> TVC Website |
| <input type="checkbox"/> FaceBook | <input type="checkbox"/> Internet Search |
| <input type="checkbox"/> A Friend or Family Member | <input type="checkbox"/> Current or Former Patient |
| <input type="checkbox"/> TV Commercial | <input type="checkbox"/> TV News |
| <input type="checkbox"/> Magazine Ad | <input type="checkbox"/> Newspaper Ad |
| <input type="checkbox"/> Vein Bucks | <input type="checkbox"/> Groupon |
| <input type="checkbox"/> Southern Women's Show | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Promotional Offer | <input type="checkbox"/> Other: _____ |

