

## 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: _____              |
| <input type="checkbox"/> Health Fair at:<br>_____<br>_____ | _____<br>_____<br>_____                            |