



JAMES H. JANG DDS PLLC

general | cosmetic | implant dentistry
adult | pediatric orthodontics

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Patient Testimonial Form

By signing below, you are consenting to allow James H. Jang DDS PLLC to use and disclose the information in your testimonial and acknowledge that your testimonial may be used, all or in part, in our advertising, publications, website, etc. both now and in the future.



Signature /

9/10/18

Date

Thank you for submitting your story!

Patient Name: Jennifer Mahshie

Would you like your name or initials be used with your testimonial? I don't mind if you use it.

What treatment did you have?

Fillings | Crown | Root Canal | Extraction | Implant Placement | Sedation: Laughing Gas / IV Sedation |

Orthodontics: Clear Brackets / Clear Aligners | Dentures | Other: Mouth guard.

Please tell us about your past or current experience with us:

I clench my teeth. I clench a lot, so much in fact that I have cracked most of my teeth. Unfortunately, that has resulted in cavities. I have always suffered from anxiety of the dentist as I had a bad experience as a child. James Jang has helped dissolve my fears and made it possible to look forward to cleanings. He suggested wearing a night guard during the day and during sleep. He molded one for me and it has truly helped eliminate headaches from prior clenching. It has made me more aware of my bad habit and I honestly won't sleep well without my guard. One of the best decisions I made for myself.

What would you say to a friend or a family member who is curious about James H. Jang DDS PLLC?

He is patient and understanding. He is very educated in his field of practice.

Feel free to use the back of this form for more writing space. We sincerely thank you for taking the time to share your experience with James H. Jang DDS PLLC. We value your feedback and hope to improve the quality of our services to you in the future.