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.

[redacted] 3-3-16

Signature Date

Thank you for submitting your story!

Patient Name: L [redacted] L [redacted]

Would you like your name or initials be used with your testimonial? L L

What treatment did you have?

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

Orthodontics: Clear Brackets / Clear Aligners | *Dentures* | *Other:*

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

Nobody wants a root canal but if you ~~have to get~~ need one, this is the place. The staff here are awesome! They are kind + reassuring, which is especially important if you are a nervous patient like me. Dr. Jang even followed up with a text to see how I was doing later. I highly recommend Dr. Jang and his staff!

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

I would just repeat what I said above.

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.

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