



Patient Testimonial Form

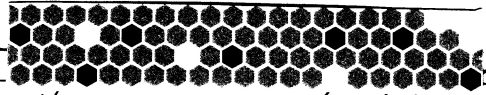
JAMES H. JANG DDS PLLC

general | cosmetic | implant dentistry
adult | pediatric orthodontics

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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

5-2-18

Date

Thank you for submitting your story!

Patient Name:

[Handwritten name]

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

Initials

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:

My experience with Dr. Jang and his staff has been wonderful! Dr. Jang takes the time to clearly explain to you what he is going to do and why. He does not rush you, but rather makes you feel that you are the only patient he is treating. I required extensive work over a long period of time, and each visit was AS great as the next. I have never had the confidence to smile or to have a picture taken and Dr. Jang changed all that! His staff is professional, while also being friendly and being flexible regarding scheduling, payments, etc.

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

Dr. Jang and his staff are the perfect combination of expertise, professionalism, helpful and friendly personalities. On a scale on 1-10, they score a "100!"

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.