

adult | pediatric orthodontics

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.

adult pediatric orthodontics	1/26/15
725 Oswego Street jamesjangdds@gmail.com Liverpool, NY 13088 www.jamesjangdds.com t/f 315 457 4262	Date Thank you for submitting your story!
HTWEED BY BY BY A CLEANING	mank you for submitting you
Patient Name: P	
Nould you like your name or initials be used with your testimonial?	INITIALS
What treatment did you have?	•
Filling Crown Root Canal Extraction Implant Placement	Other.
Please tell us about your past or current experience with us:	a course HE RECONTAIS
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DR JANG KEEPS YOU IN FORMIE	D AND ALWAYS MAILES
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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.

DR JANG'S STAFF is VERY PROFESSIONAL, KIND, WE BOTH HAVE COMPLETE AND CARING DR JANG AND OUR CONFIDENCE DENTAL IN CARE.