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 _____ Date 12/19/14

Thank you for submitting your story!

Patient Name: R. J. K.

Would 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:* Bone graft

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

I've been a patient of Dr. Jang for several years. He has performed just about every procedure for me, including crowns, extractions, bone grafts, and implants. In each case, the outcome has been excellent. I highly recommend Dr. Jang to anyone, he is a true professional.

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

Give him a try, you won't regret it.

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.