



ELIAS DENTAL

THOMAS ELIAS DMD. PC

Name _____
Last First

Date _____

Please tell us how you learned about our practice. (Select **ALL** that apply)

- _____ Friend/Family *Name:* _____
- _____ Staff member *Name:* _____
- _____ Other dentist/doctor *Name:* _____
- _____ Our website
- _____ Internet search (e.g. a basic search for "dentist")
- _____ Insurance Company *Which insurance?* _____
- _____ Referral Card
- _____ Smile Savings
- _____ Previous Patient
- _____ Walk-in