

ALLERGY AND ASTHMA CONSULTANTS, P.C.

.....breathe easy with AAC!

Marketing and Referral Questionnaire

We are glad to have you as a patient at Allergy and Asthma Consultants, P.C. Please take a few moments to let us know how you heard about our practice. Thank you for your assistance.

Patient Name: _____

Office Location: Atlanta Cumming Duluth Lilburn Roswell

How did you hear about our practice? (Please indicate all that apply)

___ Your Physician _____
(name)

___ A Patient _____
(name)

___ AAC Employee _____
(name)

___ Insurance List _____

___ Internet Google Yahoo Bing MSN YouTube

___ Yellow Pages Print Mobile

___ Newspaper or magazine _____
(name)

___ Other _____