

## WHOM MAY WE THANK

Dr. Ackerman and Associates would like to thank the person or organization that brought you to this practice. Please check the referral source that you utilized in choosing our office.

\_\_\_\_\_ All Saint

\_\_\_\_\_ Centre View

\_\_\_\_\_ Centreville Times

\_\_\_\_\_ Brite Smile

\_\_\_\_\_ Fairfax Chronicle

\_\_\_\_\_ Hometown Magazine

\_\_\_\_\_ Invisalign

\_\_\_\_\_ Lifetime Fitness

\_\_\_\_\_ Money Mailer

\_\_\_\_\_ Olam Tikvah

\_\_\_\_\_ St. Mary's

\_\_\_\_\_ St. Timothy's

\_\_\_\_\_ Washingtonian Magazine

\_\_\_\_\_ Web Site

\_\_\_\_\_ Yellow Pages

\_\_\_\_\_ Coupon (Please be specific) \_\_\_\_\_

\_\_\_\_\_ Doctor (Please be specific) \_\_\_\_\_

\_\_\_\_\_ Insurance Company (Please be specific) \_\_\_\_\_

\_\_\_\_\_ Patient (Please give name) \_\_\_\_\_

\_\_\_\_\_ Zoom \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_