

**A.I.R. Dentalplex**

101 Bellevue Road, Suite 101, Pittsburgh, PA 15229-2132  
Phone Number: 412-931-7900 Fax Number: 412-931-4111  
Email: airdentalplex@gmail.com

**Patient Testimonial and Feedback Form**

We'd love to hear about your experience with Dr. Borodaty and the staff here at A.I.R. Dentalplex! We know your time is valuable and we greatly appreciate you completing and submitting the testimonial & feedback form below. You can be as brief or as detailed as you'd like.

With your permission, we'd like to post your feedback to our website and our other social profiles which would help others to get to know us better. We would use your first name and last initial only, so if this is OK with you, please select the appropriate box at the bottom of the form. Thank you!

Your name: \_\_\_\_\_ Date: \_\_\_\_\_

Your email: \_\_\_\_\_

What procedure(s) did you have: \_\_\_\_\_

\_\_\_\_\_

Tell us about your visit (be as brief or as detailed as you'd like): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anything else you would like to say: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you rate us?

- 5 Stars     4 Stars     3 Stars     2 Stars     1 Star

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I agree to allow A.I.R. Dentalplex to post my testimonial on their website and social profiles using my first name and last initial only.

I do not want my testimonial posted on the website or social profiles.