A big thank you for taking such good care of me yesterday during my procedure. I feel very good and already see a huge difference!

You guys are amazing!

(i) Dawn



IR la son telliwell Provider Name (First and Last): Patient First Name: Patient Last Initial: Written reviews require your first name and fast initial to appear next to this review on the ZooDioc wabsite Nalgera What did you think about your visit? Would you recommend this professional? 会会会会 **★★★☆☆ ★★**☆☆☆ ★公公公公 Highly Recommended Probably Maybe Probably Not Never How would you rate this professional's bedside manner? * 公公公公公 古古古古台 **** ★★☆☆☆ Excellent Good Satisfactory Unsatisfactory How long was the wait time in the office before you were seen? **** 女女女会会 Less than Right Away Between Over 1 hour Over 2 hours

By signing this form you acknowledge that your provider gave you an authorization form explaining how this information would be used and processed (including outside of the United States), and that you have signed and returned that authorization.

30 and 60 minutes

30 minutes

Signature:

voke your authorization. To leave

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Provider Name (First and Last):	nHellin	vevi			
Patient First Name:		Patient Last Initial:			
Written reviews require your first name and last initial to appear next to this review on the REPEKAN		Banta			
What did you think about your visit?					
Awesome, fast is very friendly	- and el y. Dr Helli	ven is gra	eat!		
Would you recommend this professional? **** Highly Recommended Probably	★★★☆☆ Maybe	★★☆☆☆ Probably Not	★☆☆☆☆ Never		
How would you rate this professional's bed	side manner?				
Excellent Good	* * * * * * * * * * * * * * * * * * *	★★☆☆☆ Unsatisfactory	★☆☆☆☆ Awful		
How long was the wait time in the office before you were seen?					
Right Away Less than 30 minutes	Between 30 and 60 minutes	Over 1 hour	Over 2 hours		

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Signature:

Date: 2-18-15

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Provider Name (First and Last): Dr. Jason Helliwell

Patient First Name: Ow Cy Written reviews require your first name and fast initial to appear next to this review on the Zooflou website.

Patient Last Initial: A NORTH

What did you think about your visit?

- my visits here are usually on time and everyone who works here is extremely friendly and helpful. The Dr. himself is wonderful and very informative. I wouldn't want to go anywhere else.

Would you recommend this professional?



女女女女公

Probably

大大大公公

Maybe

**合合合

Probably Not

★查查查查

How would you rate this professional's bedside manner?



Good

★★★☆☆

Satisfactory

** * 公介介 Unsatisfactory

Awful

How long was the wait time in the office before you were seen?



古女女女会

Less than 30 minutes 食食食食食

Between 30 and 60 minutes ★★☆☆☆

Over 1 hour

★合合合合

Over 2 hours

By signing this form you acknowledge that your provider gave you an authorization form explaining how this information would be used and processed (including outside of the United States), and that you have signed and returned that authorization.

Signature:

A. andrews

Date: 2/18/2015

Thank you! Your responses will be visible on ZocDoc until ZocDoc elects to remove them or you revoke your authorization. To leave another review, please book your next appointment online at www.zocdoc.com.

Please return this form by fax to (347) 342-3941 or by email to hayley@zocdoc.com

* give them all a raise*
(they deserve it!)



Provider Name (First and Last): DR Jam Heulius VI Patient Last Initial: Www. Patient First Name: No Chelle Written reviews require your first name and last initial to appear next to this review on the ZocDoc website What did you think about your visit? Exergone was very min + helpful. I loved how Dr. was never pushy and always Wistened to my questron. Would you recommend this professional? ★★★☆☆ *** 女女女女会 ★★☆☆☆ Probably Not Highly Recommended Probably Maybe Never How would you rate this professional's bedside manner? *** **** Awful Satisfactory Unsatisfactory Excellent Good How long was the wait time in the office before you were seen? ess than Over 1 hour Over 2 hours Between Right Away 30 minutes 30 and 60 minutes By signing this form you acknowledge that your provider gave you an authorization form explaining how this information would be used and processed (including outside of the United States), and that you have signed and returned that authorization. Signature.

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Provider Name (First and Last): DR Jahon L-telline VI

Service documents and made in a service and		110.110.000	
20 000 00000 to 200			
Patient First Name:			

Written renews registry your first name and last instal to appear next to this review on the ZocDos, website

MORI

Retzloff

Patient Last Initial:

What did you think about your visit? It was one of my best experiences over. Dr. is owsome did An excellent 500 on my imprants. STACC is Super. 11 Thonks to everyone!

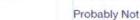
Would you recommend this professional?













How would you rate this professional's bedside manner?











食食会会会



How long was the wait time in the office before you were seen?



Right Away



Less than 30 minutes



Between 30 and 60 minutes



Over 1 hour



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Date: 2/18/19

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Provider Name (First and Last): DR Jaton Helliwell

Patient First Name: MCBSA MCBride

Written reviews require your first nume and last initial to appear next to this review on the ZocDou wabsite

Patient Last Initial: MW

What did you think about your visit?

hey are all extreamly friendly, it is never had a bad experience

Would you recommend this professional?



女女女女会 Probably

大大大公公 Maybe

Probably Not

How would you rate this professional's bedside manner?



女女女女会

**** Satisfactory

★ ★ ☆ ☆ ☆ ☆ Unsatisfactory

★☆☆☆☆

How long was the wait time in the office before you were seen?



Right Away

Less than

30 minutes

女女女合合

Between 30 and 60 minutes ****

Over 1 hour Over 2 hours

By signing this form you acknowledge that your provider gave you an authorization form explaining how this information would be used and processed (including outside of the United States), and that you have signed and returned that authorization.

Signature: Mules

Date: 2/18

Thank you! Your responses will be visible on ZocDoc until ZocDoc elects to remove them or you revoke your authorization. To leave another review, please book your next appointment online at www.zocdoc.com.



Provider Name (First and Last): DR 12201 Helliure L1 Patient First Name: Patient Last Initial: name and last initial to appear next to this review on the ZocDoc website PICIE LELEMISIS What did you think about your visit? I always access great service Would you recommend this professional? (x/x x x x 女女女女公 女女女会会 Highly Recommended Probably Maybe Probably Not Never How would you rate this professional's bedside manner? *** ★★奇合会 Satisfactory Unsatisfactory Awful How long was the wait time in the office before you were seen? *** 女女女会会 **★★☆☆☆** * 宣言宣言 Right Away Between Over 1 hour Over 2 hours 30 minutes 30 and 60 minutes By signing this form you acknowledge that your provider gave you an authorization form explaining how this information would be used and processed (including outside of the United States), and that you have signed and returned that authorization. Signature:

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How was your visit?

DR. Tason Helliwell

Provider Name (First and Last): Magnuson, Shanden

ZOCDOC

Patient Last Initial:

Patient First Name:

Written reviews require your lirst name and tast initial to appear next to this review on the Zooffor, waissile.

What did you think about your visit?

Det Staff veryfriendly and helpful.
Made me feel Comfortable and my
Surgery was quick and painless, wanted
reccomend to my friends.

Would you recommend this professional?



★★★☆☆ Maybe

Probably Not

*公公公公

Never

How would you rate this professional's bedside manner?



★ ★ ★ ★ ☆
Good

★★★☆☆
Satisfactory

Unsatisfactory

*公公公公

How long was the wait time in the office before you were seen?



Right Away



30 and 60 minutes

Between

食食食食食

Over 1 hour

★☆☆☆☆

Over 2 hours

By signing this form you acknowledge that your provider gave you an authorization form explaining how this information would be used and processed (including outside of the United States), and that you have signed and returned that authorization.

Signature Mar Olo

Date: 2/18/15

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Provider Name (First and Last): QR Jason Iteliwen

Patient First Name:

Written reviews require your first name and last instal to appear next, to this review on the ZocDoc website

ANGELA

Patient Last Initial:

MILLIER

What did you think about your visit?

Dr. Helliwell is Very Perfessional + a great listere.

Would you recommend this professional?











How would you rate this professional's bedside manner?











How long was the wait time in the office before you were seen?











30 minutes 30 and 60 minutes

Over 1 hour

Over 2 hours

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Signature:

Date:

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