



Reproductive Medicine Associates of Connecticut

Please give us your feedback...

We are interested to know how you heard about us. Please take a minute to complete this form, and check all answers that apply. Thank you for your time.

- I was referred by my physician.

Name: _____ Ob/Gyn ____ Primary Care ____ Other ____

Location/Town of referring physician _____

- I heard about RMA from RESOLVE or the American Fertility Association (AFA).

- I saw a newspaper or magazine advertisement.
Please indicate which newspaper or magazine _____

- I saw RMA's advertisement in the Yellow Pages

- I visited RMA's web site (www.rmact.com)

- I heard an advertisement on the radio.

- I was referred by another patient. Name (optional) _____

- Other _____

Please tell us your primary reason for choosing RMA (check all that apply).

- Clinical results
- Clinical and staff reputation
- Advanced technologies
- Location
- Insurance
- Range of services
- Other _____

Your Name _____