

Print Form - Mail or Fax to:

Greene Software  
Symptom Survey Maestro  
P.O. Box 23,  
Victor, NY 14564

Phone: 585-924-4456  
Fax: 585-924-8547 or 585-486-1947



***Feedback Form to Mail or Fax:***

**1. Have you had a positive experience using Symptom Survey Maestro that you would like to tell us about?**


**2. I there anything that you would like us to change in Symptom Survey Maestro to make it better?**


**3. May we publish your answers to encourage others to try Symptom Survey Maestro?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Thank you in advance for your input. We are always striving to make Symptom Survey Maestro a better product.**