



First Name

Last Name

Preferred Contact Method (Phone Number or E-mail Address)

Reason for Treatment at TUCC

How long was the wait between your initial phone call and appointment at TUCC? _____

How would you describe the treatment you received at TUCC? What stands out the most?

Continued ⇨



Would you recommend TUCC to others who are seeking urologic care? _____

TUCC employee/staff who made a difference _____

- Please check here if you would be willing to have your comments posted on the TUCC Web site – www.tucc.com - or in other TUCC marketing materials. These materials may include newsletters, brochures or flyers. We will contact you via phone or e-mail prior to posting any of the information written on this sheet.**

Please note that by checking this box, you are releasing The Urology Center of Colorado, its employees and agents, successors and assigns, from any and all claims which may arise out of your testimonial being posted on the TUCC Web site or in other TUCC marketing materials.

Please deliver a completed testimonial form to any TUCC patient suite. Or, you can mail it to:

The Urology Center of Colorado
Attn: Bob Asinof
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Denver, CO 80211

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