ADRIANA JARAMILLO DDS LLC
221 S. Water Street • Stoughton, WI 53589
(608) 873.6464 • www.ajaramillodds.com

PATIENT STORIES

We maintain an online presence. An integral part of our website is the voice of our patients. Please share a story, thought, or opinion you may have regarding your care with us which we may share on our website. Please be advised that information pertaining to your health history is protected by law (HIPPA), and we may not disclose it to anyone without your prior permission. By including information here in, you are giving us permission to make it publicly available via our online presence. We strongly recommend, if you wish to talk about procedures, that you be general in your descriptions (e.g. I was concerned about the procedure, but the doctor took the time to answer all my questions). Please feel free to write your story below or attach a typed page. There is no space limitation, but your story may be edited for length. Unfortunately we may not be able to publish all stories, but will try our best to do so!

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Please tell us how you would like to be identified

☐ You may use my initials, e.g. (A.J.)

☐ You may use my first name

☐ You may use my picture

☐ Please identify me anonymously

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Name: _____

_____ _____

Signature Date

Thank you for sharing your story with us!
Your recommendation is the best compliment we could ask for!

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