Thank you for choosing Indian Trail Pediatrics.
Please check the appropriate box below which best describes how you heard of us:

☐ Employee of Carolinas HealthCare System

☐ Employer – If so, which employer? ________________________________

☐ Insurance Company – If so, which insurance company? _______________

☐ Relative

☐ Friend

☐ Other Physician – If so, which physician? __________________________

☐ Newspaper

☐ Mailing

☐ Website

☐ Drove by Practice

☐ Other - If so, specify ____________________________________________