

CUSTOMER SURVEY

Dear Client

Date:

We would like to know your comments and feedback regarding our Dialysis products and service quality. This is very useful information in our strive to meet your needs. Please rate the performance as you see fit best.

Client Information

Establishment Name:

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Classification:

- Governmental Hospital
- Private Hospital
- Educational Hospital
- Center
- Distributor

Address:

Phone:

E-mail:@.....

Contact Person Name:

Title:

1- For how long you are using Medica Meddle East?

2- Which product you used? Dialyzer B.L F.N

3-Has the product been delivered on time? Yes No
If no please specify how many days/weeks late.

4- Evaluation criteria

Criteria	Rate	
	Degree	Score
Quality of Products	10	
Quality of Service	10	
Suitability of Case Contents	10	
Product Condition Upon Receiving	10	
Packaging Quality and Suitability	10	
Product Instruction is Clear	10	
Product Identification and Label are clear	10	
Technology	10	
The price	10	
Delivery time	10	
	Grand total	

• **Comments:**

If you have any comments, please share it with us to help us offering more value to your operation

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Dr. Signature:

Sales. Signature:

Thank you for your co-operation.