



FEED-BACK Form
(Critical Care Section)

on visit of Mr. _____ on _____

met with Mr./Mrs./Ms. _____ Designation _____ (Critical Care Personnel)

At _____ (Name of Hospital /Nursing Home)

(Please \checkmark in the box)

I. How was the service given by our representative during his visit with respect to :-

- a) Training about Patient Measurement with the help of PRF Pad : Best Better Good Not Bad Bad
- b) Training about Product Application with the help of Demo Products / Butler : Best Better Good Not Bad Bad
- c) Detailing & Placement of Advertising materials : Best Better Good Not Bad Bad
- d) Detailing about Product features & advantages : Best Better Good Not Bad Bad

II. How was the service given by our representatives with respect to :-

- a) Response during any calls / sms / letter / email : Best Better Good Not Bad Bad
- b) Attending & handling any complains forwarded : Best Better Good Not Bad Bad
- c) Continual updating of useful informations & Developments : Best Better Good Not Bad Bad

III. Product Quality Feedback:- : Best Better Good Not Bad Bad

IV. Special Suggestions / Comments for Future Improvements :-

Date & Signature
of Marketing Executive

Date & Signature with seal
of Critical Care Personnel