



FEED-BACK Form
(Pharmacy Stores / Retailers)

on visit of Mr. _____ on _____
at M/s. _____

(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 & Product Application with the help of PRF Pad / Demo Products : Best Better Good Not Bad Bad
- b) Placement of Advertising material : Best Better Good Not Bad Bad
- c) Training about Patient Care : Best Better Good Not Bad Bad
- d) Detailing about Procurement Procedure : Best Better Good Not Bad Bad

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

- a) Response during any calls / sms / letter / email : Best Better Good Not Bad Bad
- b) Processing of Orders as per Requirements : Best Better Good Not Bad Bad
- c) Despatch of Ordered materials ensuring timely delivery : Best Better Good Not Bad Bad
- d) Attending & handling any complains forwarded : Best Better Good Not Bad Bad
- e) Continual updating of useful informations & Developments : Best Better Good Not Bad Bad

III. Product Quality Feedback:-

- a) From Doctors : Best Better Good Not Bad Bad
- b) From Patients : Best Better Good Not Bad Bad

IV. Special Suggestions / Comments for Future Improvements :-

Date & Signature
of Marketing Executive

Date & Signature with seal
of Pharmacy Stores / Retailers