

LIPOSUCTION CANNULAS, SINGLE-USE, STERILE

Please fill out this short customer feedback form so we can ensure top quality service to all of our customers.

USER INFORMATION

DOCTOR NAME	
DESIGNATION	
HOSPITAL / CLINIC NAME	
ADDRESS	
EMAIL	

PRODUCT DETAILS

LOT NO	
REFERENCE NO	
ITEM NAME	
PROCEDURE / USE	
AREA OF PROCEDURE	

OVERALL EXPERIENCE

Provide a rating by placing an "X" in the corresponding box.	EXCELLENT	GOOD / ABOVE AVERAGE	NORMAL / AVERAGE	BELOW AVERAGE	POOR
Rate safety and performance of the device					
Rate the product in view of the intended purpose / use. (IFUs)					
Satisfaction with the product					
Sterility / Shelf Life / Cleanliness					
Labelling - Information on Labelling					
Completeness of the IFUs & Usability					
Packaging Quality					
Products with respect to similar or equivalent Devices					
Recommend product					
Timeliness of delivery					
Overall customer experience					

Is there something concerning you have experienced with our products.

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Please provide any additional comments or suggestions.

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Adverse Event (Adverse events are to be reported immediately, without delay, for the timely correction and safety of others.)

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Return to the Manufacturer or Distributor by email or mail.



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DISTRIBUTOR

Distributor Name
Address
Address
Email:

Stamp & Signature