

IMPORTER / DISTRIBUTOR FEEDBACK FORM

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

IMPORTER / DISTRIBUTOR INFORMATION

NAME	
DESIGNATION	
COMPANY NAME	
ADDRESS	
EMAIL	

Distributor ☐ Importer ☐

BRAND(s)	NOUVAG⁺
REFERENCE NO <i>if feedback is with respect to the batch</i>	
REGION(S) OF DISTRIBUTION	
ANY OTHER COMMENTS	
DEVICE / ITEM NAME	Liposuction Cannulas, Single Use, Sterile

OVERALL EXPERIENCE

Provide a rating by placing an "X" in the corresponding box.	EXCELLENT	GOOD / ABOVE AVERAGE	NORMAL / AVERAGE	BELOW AVERAGE	POOR
Ease of Use (Device)					
Compatability with other devices					
Effectiveness in intended purpose					
Product Range - Variants of device					
Overall to similar or equivalent Devices					
Overall Build Quality					
Quality of Documents - Labelling & IFU's					
Packaging Integrity					
Sterility					
Shelf Life					
End User Satisfaction					
General User Feedback					
Market Acceptance					
Delivery Quality					

Is there something concerning you have experienced with the products / Deviation of performance

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Any adverse events related to the device

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Please provide any additional comments or suggestions.

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Return to the Manufacturer by email or mail.



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Stamp & Signature