

Customer Satisfaction Survey

Dear Customer,

It is our pleasure to provide for your medical equipment and pharmaceuticals needs. We are proud of our service record and to ensure that our services are of top quality, we ask for your opinion by completing the following questionnaire.

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONNAIRE:

1. Were our Delivery personnel helpful and courteous when the delivery was made? _____
2. Was the product/equipment delivered in a timely manner? _____
3. Was time taken to explain proper use of product/equipment? _____
4. Are you aware of how to contact the company after-hours? _____
5. Were our customer representatives helpful and courteous? _____
6. Was the product/equipment clean and in good working order? _____
7. Did you understand your rights and responsibilities? _____
8. Are you aware of your financial responsibilities? _____
9. Are you satisfied with your level of participation in care? _____

If you answered NO to any of these questions, please explain:

Are there any other services that we may provide for you? If so, please list:

Any additional comments:

Patient Name/Caregiver: _____

Date of service: _____

Please return via email to info@cmedsupply.com or fax (610) 578-0419.