GIVE US YOUR FEEDBACK!

AT ICON MEDICAL SUPPLIES WE STRIVE TO KEEP OUR CUSTOMERS HAPPY. IN ORDER TO HELP US DO THIS, PLEASE TAKE A FEW MINUTES TO FILL OUT THIS FEEDBACK FORM AND EITHER FAX BACK TO 1300 49 88 88 OR EMAIL IT TO, MARKETING@ICONMEDICAL.COM.AU.



SUPPLYING MEDICAL PROFESSIONALS SINCE 2003

MEDICAL CENTRE NAME:			
CONTACT NAME:		DATE:	
YEAR(S) / MONTH(S) WITH ICON:			
PHONE: E		EMAIL:	
FEEDBACK FORM			
RATE YOUR OPINION FROM 1 (STRONGLY DISAGREE) - 10 (STRONGLY AGREE)			
1) I AM VERY SATISFIED WITH THE LEV	/EL OF CUSTOMER SER	/ICE I EXPERIENCE FRO	M ICON MEDICAL SUPPLIES
0 0 (0000	$\circ \circ \circ$	0
1 2	3 4 5 6	7 8 9	10
2) I AM VERY SATISFIED WITH 1	THE QUALITY OF PRODU	CTS SUPPLIED BY ICON	N MEDICAL SUPPLIES
\circ	0000	$\circ \circ \circ$	O
· -	3 4 5 6	7 8 9	10
3) I AM VERY SATISFIED V	NITH THE DELIVERY TIM	E FRAME BY ICON MED	OICAL SUPPLIES
0 0 0		0 0 0	0
	3 4 5 6	7 8 9	10
4) I WOOLD	HIGHLY RECOMMEND I	CON MEDICAL SUPPLIE	:S
1 2	3 4 5 6	7 8 9	10
5) I WOULD LIKE TO SEE MORE OF MY ACCOUNT MANAGER FROM ICON MEDICAL SUPPLIES			
O O			O
1 2	3 4 5 6	7 8 9	10
6) WHAT CHANGES WOULD YOU LIKE TO SEE AT ICON MEDICAL SUPPLIES?			
7) WHAT PRODUCTS WOULD YOU LIKE TO SEE IN ICON MEDICAL SUPPLIES UPCOMING SALES?			
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8) HAVE YOU SUBSCRIBED TO OUR MONTHLY NEWSLETTERS, IF NOT, WHY? IF YES, WHAT DO YOU THINK?			
9) FEEL FREE TO LEAVE ANY FURTHER COMMENTS OR RECOMMENDATIONS:			