

# Customer Feedback Form

Fax completed form to: 941-755-6543 or  
 E-mail completed form to: customerservice@parcusmedical.com



Account # :	Facility Name:	
Contact:	Phone:	Email:

Please rate us below on the following products and services:

- Titanium IF Screws  
  PEEK CF IF Screws  
  Titanium Anchors  
  PEEK CF Anchors  
  GFS  
  Traction Kit  
  Guide Pins & Wires  
  Suture  
  Other

	Poor	Below Average	Average	Above Average	Excellent	
<b>Products</b>						<b>Details of Feedback:</b> (For a specific product, please list name and/or part number)
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Shipping</b>						
Packaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shipping/Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Customer Support</b>						
Response time to...						
...answer questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
...answer/return calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
...order processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Friendliness of Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Representative Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Engineering Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Billing</b>						
Clarity of Invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Payments and Refunds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Comments/Suggestions:**

FOR INTERNAL USE ONLY

<b>Date/Time:</b>	<b>Received by Representative:</b>
<b>Information received per:</b> <input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> In person <input type="checkbox"/> Other: _____	
<b>Action Required:</b> <input type="checkbox"/> NO <input type="checkbox"/> YES (specify) _____	
<b>Reviewed by:</b>	<b>Review Date:</b>