

The date of the survey :

"RD MEDİKAL shares this customer satisfaction form in accordance with its quality policy. In this regard, your opinions are requested to evaluate our current position and achieve better results. Please send your answers to the following questions and your comments to info@prodorth.com."

QUESTIONS
SCORING

		5	4	3	2	1
1	How do you evaluate product quality?					
2	How do you find the packaging performance of our products?					
3	How about the complete and accurate delivery status of orders and being on time?					
4	Do you find our product portfolio sufficient?					
5	Is our retrospective product traceability sufficient for you?					
6	What do you think about our price and payment terms?					
7	How do you evaluate our feedbacks given to your complaints and suggestions?					
8	What is your opinion about our company reliability?					
9	How do you evaluate product quality when compared to similar products?					
10	How are our responses to your urgent orders?					
11	How do you evaluate the approach of our sales team to you and your employees?					
12	What do you think about the matching of the product to the approved sample?					
13	Is it possible to offer alternative products?					
14	What do you think about ease of use of our products?					
15	When you call our company, can you reach the authorized person to find a solution to your question?					
If you have complaints about our products, can you please specify?						
What are your future expectations from RD MEDİKAL?						
What are your additional comments and suggestions?						

THE PERSON WHO FILLED THE FORM

Company Name

Name - Surname

Mission in the company

Signature

Please return completed form to info@prodorth.com

SCORING (This part will be filled by personnel of RD Medical.)

I am very pleased	5	
I am pleased	4	
I need to reevaluate	3	
I may work in an emergency	2	
I never work	1	

TOTAL SCORE

Prepared By

Management Representative

Approved By

General Manager