We welcome your views and feedback on this product. Please complete the attached questionnaire and return it to our Customer Services department. Thank you for your help.

**PRODUCT FEEDBACK QUESTIONNAIRE**

**Please Turn Over**

|  |  |
| --- | --- |
| **Name:**  | **Date:** |
| **Position:** | **Email:** |
| **Hospital:** | **Contact No:** |
| **Department:** |
|  |
| **Product Code: DGS2001/DGSL2001 Description: Dental Syringe Standard / Long** |
| 1. **Which product did you use?**
 | Standard | Long |
| 1. **What procedure was the product used for?** *(please indicate below)*
 |
|  |
| 1. **How did the product compare to the description?** *(please indicate below)*
 |
| Very Poor | Poor | Fair | Good | Excellent |
| Comments: |
| 1. **How easy was it to attach the needle?** *(please indicate below)*
 |
| Very Poor | Poor | Fair | Good | Excellent |
|  |
| 1. **Was the syringe easy to open and introduce the vial?**
 | YES | NO |
| Why do you say that? |
| 1. **Was the barrel diameter wide enough to take the vial?**
 | YES | NO |
| Why do you say that? |
| 1. **How well did the product expel the solution within the vial?** *(please indicate below)*
 |
| Very Poor | Poor | Fair | Good | Excellent |
| Comments: |
| 1. **Is product ergonomically friendly?**
 | YES | NO |
| Why do you say that? |
| 1. **What would you say to a colleague considering using this product and do we have permission to quote you?** *(Please indicate below)*
 |
| YES | NO |
|  |
| 1. **Are there any further comments you would like to make regarding the products or service you receive from DTR Medical?** *(Please indicate below)*
 |
|  |

Thank you for participating in this evaluation. We will treat your comments in the strictest confidence. For further information or assistance, please contact on 01792 797910 or email info@dtrmedical.com.