

Dear Customer,
We are conducting a Customer Satisfaction Survey to obtain feedback from all our customers to whom we are supplying single piece intraocular lenses (Galaxy Lens), foldable intraocular lenses (Galaxy Fold, Ultra Smart, and Super Phob) and . We request you to participate in this survey by filling in this form and returning it to us. In the table below, please provide us your current level of satisfaction with respect to each of the parameters of quality and services by rating 1 to 4. (1 – Poor, 2 – Satisfactory, 3 – Good, 4 – Excellent) Any comments regarding our products may be given in the space provided below.

#	Categories	Rating for Lenses				Suggestion for improvement wherever the score is 1 or 2
		Galaxy Lens	Galaxy Fold	Ultra Smart	Super Phob	
I	PRODUCT QUALITY					
1)	Effectiveness in Use					
2)	Right Quantity in Supplies					
II	SERVICE & SUPPORT					
1)	Required Information Provided					
2)	Responsiveness to Queries					
3)	Response to Complaints					
4)	Ease of Placing Order					
5)	Delivery as per Agreed Schedule					
III	EMPLOYEES					
1)	Courteous and Helpful					
2)	Knowledgeable					

Comments:

Signature:

Name:

Designation:

Address

Date: