



FEEDBACK FORM

Thank you for your time!



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Date: _____

(Optional)	
Name: _____	Occupation: _____
Company: _____	Product/s: _____
Email: _____	

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I am very satisfied with MacMed Healthcare	1	2	3	4	5
MacMed Healthcare products are high quality	1	2	3	4	5
The product purchased meets my needs/my client's needs	1	2	3	4	5
I am likely to purchase/recommend other products in the future	1	2	3	4	5
MacMed Healthcare was very responsive to my questions or concerns about their products	1	2	3	4	5
I am likely to recommend MacMed Healthcare to others	1	2	3	4	5
How did you hear about us?	Internet/ Google	Referral	OT or Caregiver	Prior Customer	Other

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Other feedback/recommendations:

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May we use your comments, name & details on our website/promotional literature?	Y / N
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