**To:**

**(Hospital/user name & place) Dated:**

Dear Sir,

PCPL has adopted policy to produce & deliver safe medicated/non-medicated product to meet requirements of medical fraternity and individual users. We have system of collecting information on our product quality, usage and its effectiveness from time to time.

Please furnish following information/feedback. The information provided will help us in knowing the areas where improvement is desired.

Please tick the most appropriate option based on **your overall experience** of product use and its effectiveness. Please feel free to put your comments.

**Product Name**: **Adhesive Bandage (Nonwoven / Transparent I.V. Dressing)**

|  |  |  |
| --- | --- | --- |
| **S.No.** | **Quality /performance aspect** | **Remark** |
| 1. | Packing | Satisfied / Unsatisfied |
| 2. | Product performance  a) Adhesion / sticking property  b) Very Conformable  c) Skin Friendly | Satisfied / Unsatisfied |
| 3. | Product Effectiveness on intended use- Product is Safe for use. | Satisfied / Unsatisfied |
| 4. | Comments / Suggestion if any change/correction.  (Hindi/English) |  |

Kindly send /return this form back with sign and stamp to us at your earliest.

**PCPL Representative (Marketing) Hospital/end user (sign)**