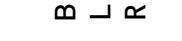
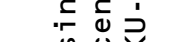
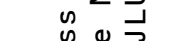
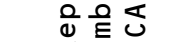
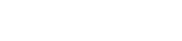


Business Reply
Licence Number
RTKU-SJLU-CATB



2

Viamed Ltd
15 Station Road
Cross Hills
Keighley
BD20 7DT



Please spare a few minutes of your time to complete this short Customer Survey from Viamed...

1. Which manufacturer's equipment do you or your customers use the SpiroTrue Flowsensor H with?

Hamilton ☐ Other i.e. Dräger (please specify) ☐ _____

2. What equipment model do you use with the SpiroTrue Flowsensor H with?

3. What is the equipment software version? _____

4. Which department is the product used in? i.e. Intensive Care Unit, Operating Theatres.

5. How would you rate the quality of SpiroTrue Flowsensor H?

(1 = Extremely Poor, 5 = Outstanding):

1	2	3	4	5

6. How would you rate the performance of SpiroTrue Flowsensor H?

(1 = Extremely Poor, 5 = Outstanding):

1	2	3	4	5

7. How would you rate the packaging of the SpiroTrue Flowsensor H?

(1 = Extremely Poor, 5 = Outstanding):

1	2	3	4	5

8. How would you rate the speed of service provide by Viamed?

(1 = Extremely Poor, 5 = Outstanding):

1	2	3	4	5

9. Should you have any further comments please write them below.

Account Number: _____

Name: _____

Hospital/ Department: _____

Date: _____

Signature: _____

