

Submit this Bowen Survey to WIN!*

As our valued client, your feedback is extremely important to us. Please help us in our effort to continually monitor and upgrade our handpiece repair, customer service and sales departments.

PLEASE RATE US BASED ON THE FOLLOWING SCALE: **1=Poor** **2=Fair** **3=Good** **4=Excellent!**

SECTION 1: General Information

- | | | | | |
|---|---|---|---|---|
| A. Did we answer the telephone promptly? (3 rings or less) | 1 | 2 | 3 | 4 |
| B. Were all staff courteous and professional when you called? | 1 | 2 | 3 | 4 |
| C. Were our advertised items readily available when you placed your order? | 1 | 2 | 3 | 4 |
| D. Did you find everything you needed in our catalogue? If you answer '1' please explain in section 4I below. | 1 | 2 | 3 | 4 |

SECTION 2: Quality

- | | | | | |
|--|---|---|---|---|
| A. Did we quickly understand, diagnose, and solve your repair inquiry? | 1 | 2 | 3 | 4 |
| B. Did the quality of your repair meet with your approval? | 1 | 2 | 3 | 4 |
| C. Were you satisfied with our repair turnaround time? | 1 | 2 | 3 | 4 |
| D. Did the quality of your catalogue order meet with your approval? | 1 | 2 | 3 | 4 |
| E. Did you receive all that we promised to do? If you answer '1' please explain in section 4I below. | 1 | 2 | 3 | 4 |

SECTION 3: Delivery

- | | | | | |
|---|---|---|---|---|
| A. During your repair pick-up request, did you find our staff helpful with your questions/concerns? | 1 | 2 | 3 | 4 |
| B. At the time of pick-up/delivery, were our couriers polite and respectful of your office and environment? | 1 | 2 | 3 | 4 |
| C. Was your repair or catalogue order in good condition when it arrived? | 1 | 2 | 3 | 4 |

SECTION 4: Comments

- A. What can we do to further meet your handpiece repair/service/purchase needs? _____
- B. For your latest repair/purchase, did you switch to Bowen from another company? YES NO
If 'YES' may we ask why? _____
- C. How did you hear about us? DIRECT MAIL WEBSITE OTHER (Please specify) _____
- D. Which dental publications do you read most often and why? _____
- E. Would you be interested in receiving a monthly e-mail brochure containing specials, new products and contests supplied exclusively by our web database? YES NO If 'YES' please provide your email address: _____
- F. Do you have a favourite Dental Industry related website? YES NO If so, why? _____
- G. Would you be interested in an on-line Bowen catalogue rather than our traditionally printed format? YES NO
- H. If not on-line at your office, would you prefer an interactive CD which will function like a website? YES NO
- I. Additional comments _____

SECTION 5: Your Information

Doctor's Name: _____
Bowen ID No.: _____
Phone Number: () _____
Email Address: _____

Please fax to: **1-800-665-4788**
Or mail to: Bowen Products Limited
Unit 1b-30528 Great Northern Avenue
Abbotsford, B.C., Canada V2T 6H4
Respond online: www.bowenproducts.com
Call toll free: 1-800-663-2541

*All completed surveys will be entered in a monthly draw to win lunch for two at Tim Hortons®!†
Good luck, and thank you for taking time out of your busy day to complete our survey.

†Valued at CDN\$15.00, supplied in the form of Tim Hortons® gift certificates. No cash value.

BOWEN