



Dear Radiation Oncology Professional:

As a valued CIVCO customer, we would like to hear your comments and questions about our products and services. Please take a few minutes to complete and return the attached questionnaire. Your feedback will help us ensure you continue to receive quality products and service.

Thank you for your business!

Sincerely,
CIVCO Medical Solutions

Order Information

- 1) What are the top three criteria used when making the purchase of a Radiation Oncology product?
- | | | |
|--|---|---|
| <input type="checkbox"/> Delivery Time | <input type="checkbox"/> Price | <input type="checkbox"/> Brand/Company Reputation |
| <input type="checkbox"/> Product Reliability | <input type="checkbox"/> Product Warranty | <input type="checkbox"/> Professionals Recommendation |
| <input type="checkbox"/> Specifications | <input type="checkbox"/> Ease of Use | <input type="checkbox"/> Compatibility with your System |
| <input type="checkbox"/> Product Features | <input type="checkbox"/> Product Design | <input type="checkbox"/> Manufacturer's Recommendation |
- 2) Have you received a Radiation Oncology product sourcebook from CIVCO?
 Yes No
- 3) Did you find the sourcebook easy-to-use?
 Yes No N/A
- 4) Did you find the instructions enclosed with the product you received from CIVCO:
 Adequate Inadequate
- 5) Did you find the product label easy-to-read?
 Yes No

Additional Product Comments: _____

Product Information

- 6) Did the products arrive in good condition?
 Yes No
- 7) Is the product easy to use or user friendly?
 Yes No
- 8) Do the patients find the product comfortable?
 Yes No N/A

Service Information

- 9) Upon placing your last order with CIVCO, were all of your specific product questions answered?
 Yes No
- 10) Did you receive your last order from CIVCO in a timely manner?
 Yes No
- 11) Were the items/quantities correct as requested?
 Yes No
- 12) Did your shipment arrive undamaged?
 Yes No

13) What is your overall impression of the service you received from CIVCO?
_____ Pleasant _____ Average _____ Hassle
_____ Other _____

14) Are there any other products/services you would like CIVCO to offer? _____

15) Have you ever experienced a problem with a CIVCO product?
_____ Yes _____ No
If yes, did you report the problem?
_____ Yes _____ No

16) Did you receive the proper attention regarding the above problem?
_____ Yes _____ No

Market Information

17) Were you aware of the CIVCO acquisition? Yes No
If so, how were you informed? _____

18) Do you have access to the Internet at work? Yes No
If so do you access the internet for product information? Yes No

19) How often does your department place an order for Radiation Oncology products?
_____ Once a week _____ Once a month
_____ Once every three months _____ Once every six months
_____ Once a year _____ Other

20) When needing new Radiation Oncology equipment in your department, do you:
_____ Recommend products _____ Purchase products

21) Linacs: Total _____ Manufacturer: _____

22) Simulators: Total _____ Manufacturer: _____

23) Indexing Capabilities: Yes No

24) Brachytherapy: Yes No

25) SRS: Yes No

26) IMRT: Yes No

27) IGRT: Yes No

If so, what are your imaging platforms? FILM EPIDs CR

28) Average Number of Daily Patients: _____

29) Total Number of Therapists: _____

30) Total Number of Physicians: _____

31) Total Number of Medical Physicists: _____

Name: _____ Title: _____

Facility Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Email Address: _____

I would like to receive emails from CIVCO Medical Solutions: yes no

Thank-you for your Feedback! Please fax back to 712-737-8654 or email to julie.dewit@civco.com