

Service delivery evaluation

To be completed by the client's contact person

- Service provided: Blood sampling Miscellaneous vaccinations Toxicological screening
 Flu shot Glycemia/cholesterol screening Other: _____
 Health Day for Men Health Day for Women

Your satisfaction is important to us. For this reason, we ask that you take a few minutes to answer the following questions and share your comments regarding our services. Your opinion will help us better meet your needs and those of our future clients. It will also enable us to make improvements, so that we can exceed your expectations. If you have a more detailed comment or a complaint, please speak directly to the person with whom you signed the agreement.

Date of service delivery: _____

Client's name: _____

Clinic's address: _____

Contact person: _____ Title : _____

Phone : _____ Email : _____

Signature of contact person: _____ Date : _____

	Yes	Somewhat	No	Comments and suggestions
Are you satisfied with the way the service was provided?				
Did the clinic start at the scheduled time?				
Did our staff act in a professional manner?				
Was the area where the clinic was held left tidy?				
Are you satisfied with the availability (flexibility) of our services?				

What other aspects of the service could we improve?

Aspects	Comments and suggestions

Please send this document by email to infobse@biron.com or by fax to 450-619-6276.

Thank you for your cooperation.