

Pharmaceutical Product Evaluation Feedback Form

Date: _____

Evaluator Name: _____

Evaluator Position: _____

Company/Organization: _____

Product Information

Product Name: _____

Product Code: _____

Batch Number: _____

Evaluation Criteria

Efficacy

1. Did the product meet the expected efficacy? (Yes/No): _____

2. Please provide details: _____

Safety

1. Were there any adverse effects observed? (Yes/No): _____

2. If yes, please provide details: _____

Packaging

1. Was the packaging adequate and user-friendly? (Yes/No): _____

2. Comments: _____

Overall Impression

1. How would you rate the product overall? (1-5): _____

2. Additional comments: _____

Conclusion

1. Would you recommend this product for future use? (Yes/No): _____

2. Please provide any further recommendations: _____

Thank you for your feedback!