

Pharmaceutical Product Satisfaction Feedback Questionnaire

Dear Valued Customer,

We hope this message finds you well. We greatly appreciate your recent purchase of our pharmaceutical product, **[Product Name]**. Your feedback is invaluable to us and helps us improve our products and services.

Please take a moment to complete the following questionnaire:

Overall satisfaction with the product:

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

How effective did you find the product?

Very Effective Effective Neutral Ineffective Very Ineffective

Would you recommend this product to others?

Yes No

Additional comments or suggestions:

Thank you for your time and valuable feedback!

Best regards,

[Company Name]

[Contact Information]