



## CUSTOMER SATISFACTION

Dear Customer,

*YOUR OPINION is of great importance to us, and we would therefore be very grateful if you could let us know what you think of the products/services you receive from Mectron S.p.A. by completing this short questionnaire. This would help us to improve their quality.*

*Thank you in advance for your kind attention and for returning this questionnaire to Mectron S.p.A. by fax to number **+39 0185 351509** or by e-mail to **QualityAssurance@mectron.com**.*

*The information will be managed on a confidential basis by Mectron S.p.A.'s Quality Assurance Department.*

Date of completing the questionnaire: \_\_/\_\_/\_\_\_\_

This form has been completed following one of the activities indicated below:

- Purchase of a new device     Technical support activity     Other activity: \_\_\_\_\_

**1. How did you receive the input that led you to purchase the Mectron Piezosurgery® device?**

- a course  
 favourable reports from colleagues  
 scientific literature  
 commercial information (from Mectron, frequently patronised stores, etc.)  
 the press  
 internet (dedicated sites, blogs, forums, etc.)  
 other (specify, if possible) \_\_\_\_\_

**2. Please indicate the serial number of your Mectron Piezosurgery® device.**

The serial number consists of a sequence of 3 numbers, 2 letters and 3 numbers, printed on the rear or underneath the device, preceded by the wording "serial number" or by the symbol **SN**.

Serial number \_\_\_\_\_

**3. you consider your Mectron Piezosurgery® device user-friendly in terms of interfacing with the user?**

**Following are several aspects on which we would greatly appreciate your point of view:**

- Instructions for use and maintenance:                       Simple                                       Complicated (please state why)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Assembly of the machine:                                       Simple                                       Complicated (please state why)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Display and programmes:                                       Easy to read and intuitive                       Complicated (please state why)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Clean function:     Simple                                       Complicated (please state why)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Cleaning, disinfection and sterilisation:                       Simple                                       Complicated (please state why)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Tightening of the inserts with the torque wrench:                       Simple                                       Complicated (please state why)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

➤ Others (please indicate whether you find that some parts of the machine are not very functional and/or your suggestions for the next version)

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**4. What are the main fields of application of the Mectron Piezosurgery® in your daily practice?**

- Extractions (conventional, embedded wisdom teeth, ankylosed roots, etc.)
- Maxillary sinus elevation (crestal and/or lateral approach)
- Atrophic alveolar ridge expansion
- Preparation of implant sites
- Removal of implants
- Nerve lateralisation
- Harvesting of particulate bone
- Harvesting of bone blocks
- Clinical crown lengthening
- Root debridement and planing
- Cystectomy
- Apicectomy
- Osteogenic distraction
- Dysgnathia surgery
- Retrograde endodontic surgery
- Corticotomy techniques in orthodontic microsurgery
- Others (please specify, if possible) \_\_\_\_\_

**5. What sort of surgical inserts available so far do you use most or do you consider most effective (please specify the code, e.g. OT7...)?**

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**6. Do you consider the Mectron insert catalogue complete or do you believe that it lacks some dedicated inserts for specific clinical applications?**

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**7. Are you able to define roughly the frequency with which you use the Mectron Piezosurgery® device?**

- Practically every day
- From one to 4 times a week
- From once to 4 times a month
- Rarely and only in complicated anatomical situations

**8. What is your opinion of the current market offer in terms of tools for improving one's training on piezoelectric bone surgery?**

➤ official courses at the Piezosurgery® Academy:     satisfactory                       not satisfactory (please state why)

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➤ other courses:                       satisfactory (please specify what courses)                       not satisfactory (please state why)

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➤ Internet:                               satisfactory (specify the sites)                               not satisfactory (please state why)

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**9. What is your opinion of the web www.mectron.com site?**

	POOR	BARELY ADEQUATE	FAIRLY GOOD	GOOD	EXCELLENT
➤ Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Overall opinion of the web site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. Appraisal of after-sale services:**

**10-A Mectron S.p.A.**

	POOR	BARELY ADEQUATE	FAIRLY GOOD	GOOD	EXCELLENT
➤ Ease of contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Willingness and efficiency (response time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Effectiveness of service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Technical competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Overall opinion of the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10-B Have you used any other services provided by: Stores – Dealer - Distributor – Authorised service centre**

Yes  No **If yes, please state their name:**

**Point B, to be completed only if you answered Yes:**

	POOR	BARELY ADEQUATE	FAIRLY GOOD	GOOD	EXCELLENT
➤ Ease of contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Willingness and efficiency (response time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Effectiveness of service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Technical competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Overall opinion of the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please explain why you found the services according to points 9 and 10 poor.**

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