

# Medical Science Products, Inc.



*Products for Electrotherapy, Physical Rehabilitation and Pain Control*

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Dear Patient,

We are pleased to be the company your doctor chose to fill your prescription.

**Our Customer Service is the strength of our company. But always looking to improve, we would like to hear from you about your experience with us. Below is a short survey that we would ask you to complete and return to us:**

**MSP**

**PO Box 381**

**Canal Fulton, OH 44614-0381**

**Universal Survey about Access, Delivery and Service (please circle one answer)**

Equipment/supplies were delivered in a timely manner.

Yes No N/A

Equipment supplies were ready for patient use upon delivery.

Yes No N/A

Received/understood instructions on proper application and use of equipment/supplies.

Yes No N/A

Feel confident to operate/use equipment/supplies.

Yes No N/A

Received info on my Rights & Responsibilities, complaint process, billing, contact numbers, and reasons.

Yes No N/A

Response to my questions, problems, concerns were addressed in a timely manner.

Yes No N/A

Satisfied with the equipment or supplies.

Yes No N/A

Satisfied with the service. Would recommend to others.

Yes No N/A

We thank you for your time.

MSP Customer Service Department

Patient Name:

date: