



Become part of the innovation process

We would like to provide you with the best products of the highest quality. Therefore, your feedback is of paramount importance to us.

Your Company Information:

Company/Hospital Name: _____

Contact Person Name: _____

City: _____

Country: _____

For questions 1 and 2, please **tick** the option that most accurately reflects how would you rate the aiSon™ FOCUS in meeting your needs.

Question 1

How would you rate the shape in relation to:	Bad	Intermediate	Good
Design			
Functionality			
Comments			

Question 2

How would you rate the thickness	<input type="checkbox"/> Too little	<input type="checkbox"/> Sufficient	<input type="checkbox"/> Too much
Comments			

Question 3

What applications have you utilized the aiSon™ FOCUS for?

Question 4

What are the advantages of the aiSon™ FOCUS?	What are the disadvantages of the aiSon™ FOCUS?
Comments	

Question 5

Please provide a quote/testimonial for our webpage. Let us know if we can use your name and affiliation or whether we should quote you anonymously.

Question 6

Other feedback/suggestions that could help us improve the aiSon™ FOCUS?

You may also access the electronic version of the Feedback Form at:
www.aisontechnologies.com/feedback-form

Feedback Survey Questionnaire
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