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)
________________________________________________________________________________________________________
________________________________________________________________________________________________________
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☐ Cleaning, disinfection and sterilisation: ☐ Simple ☐ Complicated (please state why)
________________________________________________________________________________________________________
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☐ Tightening of the inserts with the torque wrench: ☐ Simple ☐ Complicated (please state why)
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
CUSTOMER SATISFACTION QUESTIONNAIRE
MECTRON PIEZOSURGERY® DEVICE

➢ 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...)?

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

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

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

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)

________________________________________________________________________________________________________
________________________________________________________________________________________________________

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

________________________________________________________________________________________________________

➢ Internet:  ☐ satisfactory (specify the sites)  ☐ not satisfactory (please state why)
9. What is your opinion of the web www.mectron.com site?

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10. Appraisal of after-sale services:

10-A Mectron S.p.A.

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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:

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

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