



**ADDENT CUSTOMER SURVEY**

*Please download this pdf, complete the form, and email it to: mhesemeyer@addent.com.  
AdDent will send you a complimentary Trimax sample kit if you complete this survey.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

1. Which AdDent products do you have?

- Calset       CoMax       Microlux       Trimax       Bio/Screen
- Rite Lite       RiteLite2       OraBlu Oral Lesion Marking System

2. Did the product meet your expectations?     Yes     No

If not, please explain: \_\_\_\_\_

3. How did you hear about AdDent products:

- Dental Journal       Dealer Rep       Web
- AdDent Rep       Dental Convention       Recommended by Colleague
- Lecturer (Name of Lecturer \_\_\_\_\_)

4. What is the best feature of the AdDent product you have?

\_\_\_\_\_

5. Is there anything about the product you have that you would change?

\_\_\_\_\_

6. If you have had conversations with AdDent personnel, were they helpful and knowledgeable?

- Yes     No    If not, please explain: \_\_\_\_\_

7. In your opinion, which would be the best way to let the Dentists know about our product?

- Dental Journals       Website       Dental Conventions       E-mails
- Other: \_\_\_\_\_

8. What additional product would you like to see AdDent develop?

\_\_\_\_\_

**YOUR OPINION IS VERY IMPORTANT TO US. THANK YOU FOR YOUR INPUT.**