

Product Complaint Form - for Customers and Patients

产品投诉表- 用于顾客/患者填写

Please provide as much of the following information as possible. Fields marked with *are required fields. Please complete accordingly and sent via e-mail to: complaints@smith-nephew.com

请尽可能多地提供以下信息。“*”标注的是必填项。填写后将此表格用邮件发送至: complaints@smith-nephew.com

Your Contact Details 个人联系信息

Title: 称谓:	
First Name*: 名字*:	
Last Name*: 姓氏*:	
Facility Name (if you are a Health Care Professional): 医院名称 (如果是医疗机构):	
Country*: 国家*:	

How would you prefer to be contacted? 您希望通过哪种方式联系您?	<input type="checkbox"/> E-Mail 电子邮件 <input type="checkbox"/> Phone 电话
Email Address*: 电子邮件地址*:	
Phone Number: 电话号码:	

Product Details 产品信息

Part Name (What is the name of the Smith & Nephew product(s) involved?): * 产品名称 (施乐辉的产品名称是什么?) *:	
Part Number: 产品型号:	
Lot/Serial Number / UDI Number: 批号/序列号/UDI 号码:	
Additional Part/Serial/Lot Numbers: 与投诉器械联合使用的产品型号/序列号/批号:	

Event Details 事件信息

At what date did the problem occur/when did you encounter the unsatisfactory experience with our product(s)?* (DD-Month-YYYY) 事件发生日期/何时对产品有不满意的体验? * (日-月-年)	
Description of the problem: * 事件描述*: Please describe the circumstances of the problem/event. Is the problem ongoing or what was done to correct/resolve the problem? To understand the issue, a concise description of the event is essential; please include all details that are available. 请描述问题/事件发生的情况。此问题是仍存在还是已经采取了什么措施来纠正/解决此问题? 为了解该投诉问题, 简明的事件描述是必需的, 请说明所有您了解的情况。	

