



WORLD REACH HEALTH

NEW CUSTOMER QUESTIONNAIRE

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CLINIC NAME: _____ EMAIL: _____

PHYSICIAN NAME: _____ PHONE: _____

Approximately how many patients per month will be eligible for allograft service and treatment?

Patients per month

Would you prefer to have us train your billing team or would you like to meet our billing service reference?

Have our team train your billing team

Meet our Billing Service Reference

Would you recommend products or services to your colleagues?

YES NO

Would you be interested in taking a tour of our Allograft laboratory in Salt lake City Utah ?

YES NO

Would you be willing to be on video or podcast as a testimonial or educational discussion in the future on the topic of allografts and wound care?

YES NO

Will you allow World Reach Health materials such as trifolds, one sheets, posters, 6' banner, in your offices for patient education?

YES NO

Thank you for your time and input

**As your sales representative please do not hesitate to call or text me 24/7:
Kimberley O'Sullivan • 781-366-4600 • KOSMDConsult@gmail.com**