

FLAVON

CUSTOMER CARE FORM

Start of consumption:	Name:
Product(s):	Telephone:
Dosage:	Address:
Family members consuming the product (attached files):	E-mail:
	Available (period):
	Health status survey filled:
Personal characteristic features:	
Information supplied:	

CONTACT BY PHONE, IN PERSON

GETTING IN CONTACT	DATE	NOTE/ MEMO
24-72 hours		
5th-7th day		
14 th-16 th day		
28 th-30 th day		
45 th day		
60 th day		
75 th day		
90 th day		
120 th day		
150 th day		
180 th day		