

OUTCOME

As a result of making this complaint, is there any outcome you would like? YES NO

If yes, please provide details:

_____ Signature	_____ Date
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By filling out this form, you are providing us with necessary information to continually maintain our high standards. We will make every effort to respond within 30 days, whenever possible.

Please return your completed form and copies of any documentation to:

PharmPix
c/o Quality Department
Metro Office Park,
Building 6, Suite 101
Guaynabo, P.R. 00968

