|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 领用登记 | 7日后续跟进 | 回购时间 | 回购数量 | 登记营业员姓名 |
| 序号 | 领用时间 | 姓名 | 电话 | 身份证号码 | 疾病名称/症状 | 顾客签字 | 回访时间 | 反馈（疗效-优，良，一般） | 活动告知（√） |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |  |  |  |  |

**反馈询问内容：询问消费者，心慌，心悸，心痛有无改善；气短胸闷，咳累症有无改善，其他改善的地方等；活动告知。**