Customer Care– Follow Up

(to be filled out by consultant)

Customer Name	**PCID#**
Best Time to Call	**Date of Birth**
Other important information	

☐ **2 day follow up – DATE _____**

NOTES _____

_____

☐ **2 week follow up – DATE _____**

NOTES _____

_____

☐ **2 month follow up – DATE _____**

NOTES _____

_____

Date	**Comments**