

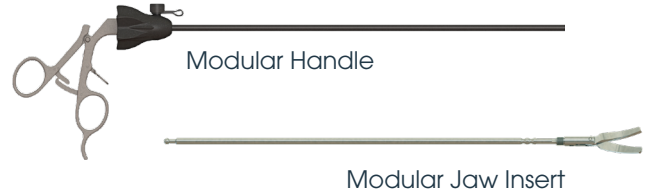
Symmetry Modular Laparoscopic Instruments

Facility: _____

Name: _____

Phone: _____

Position: _____



Please take a moment to answer the following questions.
Thank you.

Please rate the features below
by placing a (✓) in the appropriate box.

	EXCELLENT	GOOD	POOR
1. Overall Product Rating			
2. Was the instrument easy to assemble?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
3. Was the instrument easy to disassemble?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
4. Was the instrument easy to clean?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
5. Do you feel comfortable with the instrument in your hand?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
6. Are you satisfied with the sharpness of the instrument?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
7. After evaluating the modular laparoscopic hand instruments, are these clinically acceptable?	<input type="radio"/> Yes	<input type="radio"/> No	

8. If **no**, what specifically prevented you from rating as clinically acceptable:

9. Please use the space below to add additional comments:

Thank you for taking the time and effort to complete this evaluation.

Note: If you encounter a product failure during this evaluation, please contact your Aspen Surgical Sales Representative or Customer Service Representative to file a complaint: 616.698.7100 or 1.888.364.7004.