

<b>Surgeon Name</b>		<b>Surgeon Specialty</b>
<b>Institution &amp; Dept</b>		<input type="checkbox"/> Pain Management <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro

**CASE QUESTIONS**

1. Patient information	<b>Approximate size of patient:</b> <input type="checkbox"/> Small <input type="checkbox"/> Average <input type="checkbox"/> Large	<b>Symptom / event / injury:</b>
	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Age:</b> <input type="checkbox"/> Under 18 <input type="checkbox"/> 19 to 30 <input type="checkbox"/> 31 to 50 <input type="checkbox"/> Over 50
2. Please describe the use of the SpineJet	<b>Levels worked on:</b> <input type="checkbox"/> L5-S1 <input type="checkbox"/> L4-L5 <input type="checkbox"/> L3-L4 <input type="checkbox"/> L2-L3 <input type="checkbox"/> L1-L2   Other _____	
	<b>Define patients pain:</b> <input type="checkbox"/> Chronic <input type="checkbox"/> Acute	<b>Location of herniation:</b> <input type="checkbox"/> Lateral <input type="checkbox"/> Central
	<b>Other devices used in procedure:</b> <input type="checkbox"/> IDET <input type="checkbox"/> ArthroCare <input type="checkbox"/> DeKompressor Other _____	

**SURGEON QUESTIONS**

<b>CLINICAL PERFORMANCE:</b> 1. What were the clinical advantages of the SpineJet?	<input type="checkbox"/> Easy to use <input type="checkbox"/> Replaces instruments – please specify: _____ <input type="checkbox"/> Other, please specify: _____
<b>Time Used</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3   Minutes   Other _____
<b>PRODUCT SATISFACTION:</b> 2. Please indicate your satisfaction in the following categories.	<b>Cannula set adequacy</b> (circle one):   poor   1   2   3   4   5   excellent Comments: _____
	<b>Safely access the inner disc space</b> (circle one):   poor   1   2   3   4   5   excellent Comments: _____
	<b>Ability to remove nucleus pulposus</b> (circle one):   poor   1   2   3   4   5   excellent Comments: _____
<b>PRODUCT IMPROVEMENTS:</b> 3. Please tell us about product problems, or features that you would like to see.	<input type="checkbox"/> Cartridge insertion was difficult <input type="checkbox"/> Better packaging <input type="checkbox"/> Cannula - Different shape / bend / tip is needed, specifically: _____ <input type="checkbox"/> SpineJet - Different shape / bend / tip is needed, specifically: _____ <input type="checkbox"/> Other Comments: _____
<b>Would you buy this product again?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No: if not why?	

Sales-Person Name: \_\_\_\_\_

**PLEASE FAX BACK TO CUSTOMER CARE: 978-600-5058**