



1 - User:

| | | |
|-----|--------------|--|
| 1.1 | Name: | |
| 1.2 | Speciality: | |
| 1.3 | Facility: | |
| 1.4 | Postal code: | |
| 1.5 | City: | |

2 - Product used:

2.1 Trade name: _____

2.2 Reference: _____

2.3 Lot number: _____

2.4 Date of testing: _____

2.5 Therapeutic Indication: _____

| 3 - Evaluation: | | ++ | + | - | -- |
|-----------------|-----------------------------------|----|---|---|----|
| 3.1 | Vision quality of the image | | | | |
| 3.2 | Power of the light source | | | | |
| 3.3 | Compactness of iCare | | | | |
| 3.4 | Product design | | | | |
| 3.5 | Cart ergonomics | | | | |
| 3.6 | Easy use of imagyn | | | | |
| 3.7 | Quality of reports made by imagyn | | | | |
| 3.8 | Features provided by the Cloud | | | | |

[illegible][illegible]

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|------------|------|------|-----------|
| Written by | Name | Date | Signature |
| | | | |