

IFLOW EVALUATION FORM

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 Clarity and ease of use of the user interface
 3.2 Ease of irrigation tubing insertion
 3.3 Quality of irrigation
 3.4 Respect of the set pressure
 3.5 Quality of aspiration
 3.6 Diversity of programs (HYS, URO, LAP & ARTHRO)
 3.7 Instrument detection function
 3.8 Automatic deficit calculation function (HYS & URO)

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4 - Comments / Expectations / Remarks:

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| Written by | Name | Date | Signature |
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