ICARE+ 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 Reference : _____

2.2 Date of testing : _____

2.3 Therapeutic indication : _____

3 - Evaluation :

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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	Ease of use of imagyn				
3.7	Quality of reports made by imagyn				
3.8	imagyn utility (patient database management, guided reports)				

4 - Comments / Expectations / Remarks :

	Name	Date	Signature
Written by			

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