

MAXICARE 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 :

- 3.1 Vision quality of the hysteroscope
- 3.2 Ergonomics (handle, assembly and sheaths rotation)
- 3.3 Precision of gesture
- 3.4 Quality of the cut
- 3.5 Cut chips management
- 3.6 Flow quality (irrigation and suction)
- 3.7 Safety of bipolar energy

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4 - Comments / Expectations / Remarks :

Written by	Name	Date	Signature