NEOCARE 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 hysteroscope				
3.2	Flow quality (irrigation and suction)				
3.3	Ergonomics (grip, light quality, irrigation tap)				
3.4	Instruments effectiveness				
3.5	Quality of the cut				
3.6	Safety of bipolar energy				
3.7	Set completeness (cold instruments and bipolar electrodes)				

4 - Comments / Expectations / Remarks :

	Name	Date	Signature
Written by			

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