Clinical Evaluation Form

FLEXARM HOLDING & POSITIONING SYSTEM

Mediflex® SURGICAL PRODUCTS

Surgery date _____

Distributor_____ Representative_____

Facility Name_____

Surgeon(s)_____

Procedure_____

☐ Robotic-Assisted surgery

Product(s) being evaluated

☐ Monolithic FlexArm ☐ Long Reach Monolithic FlexArm

☐ FlexArm Single Arm System

☐ FlexArm Single Arm System, Long Reach Post ☐ FlexArm Twin Arm System, Long Reach Post

HOLDING TIP(S): Quick-Grip ☐ 10mm ☐ 5mm ☐ 4mm

☐ Stainless Steel (60706) ☐ Delrin (69707) ☐ Stainless Steel (60706-L)

RETRACTION INSTRUMENT: ☐ Lapro-Flex (size)_____ ☐ Competitor Triangular Retractor

☐ Nathanson Hook (size)_____ ☐ Other_____

Application for FlexArm System:

☐ Scope Holding

☐ Retraction Instrument Holding

☐ Other:_____

Alternative product(s) used for retraction / scope holding (if FlexArm wasn't used):

☐ Assistant ☐ Other:_____

Surgeon rating of product performance:

1) Ease of use ☐ Excellent ☐ Good ☐ Poor

2) Set-up time ☐ Excellent ☐ Good ☐ Poor

3) Stability of retractor/retraction or scope ☐ Excellent ☐ Good ☐ Poor

4) Exposure / visualization compared to standard approach ☐ Better ☐ Similar ☐ Worse

5) For robotic surgery – benefit of having the FlexArm to avoid instrument/robot arm interference ☐ Excellent ☐ Good ☐ Poor

COMMENTS: (please note any comments made by staff or surgeons)

Will the surgeon(s) support the purchase of the product(s)? ☐ Yes ☐ No

If yes, what are the next steps/timeframe?

If no, state the reason-

Completed by: _____ _____ _____

Print Name Affiliation Date