Clinical Evaluation Form

BOOKLER® TABLE MOUNTED RETRACTION SYSTEMS

Surgery date _____ Facility_____

Surgeon(s) _____ Procedure _____

Facility Name_____

Distributor _____ Representative _____

Products being evaluated

☐ Original Bookler System ☐ Basic General System ☐ Adolescent Surgery System

☐ GYN Magrina Pevic Surgery System ☐Delux GYN Surgery System

☐ Urology Surgery System ☐ Perineal Surgery Sytem Tilt Ratchet

BLADES: _____ _____ _____ _____ _____ _____ _____

RATCHETS: ☐Rotating Tilt Ratchet ☐ Self Retaining ☐ Traditional Ratchets

Which holding system was used:

☐ Traditional Field Post, Coupler, Horizontal Bar ☐ StrongArm® Plus System

Alternative system used: ☐ Bookwalter / Symmetry Surgical ☐ Other:_____

Surgeon rating of product performance:

1) Was easy to use and set-up: Agree Disagree

2) Allowed less reliance on staff: Agree Disagree

3) Workflow was enhanced throughout the procedure: Agree Disagree

4) Exposure/visualization compared to the standard approach Agree Disagree

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