Clinical Evaluation Form

ENTrac® RETRACTION SYSTEMS

Mediflex®

Surgery date _____ Facility _____

Surgeon(s)_____ Procedure_____

Facility Name_____

Distributor_____ Representative_____

Type of surgery:
□ Head & Neck □ Trans Oral Robotic Surgery (TORS) □ Endoscopic Oral Surgery

Product(s) being evaluated
□ StrongArm, QC fitting w/ Adjustable Split Ring □ SureStay® Beaded Stays
□ FlexArm, QC fitting w/ Adjustable Split Ring □ Blades & Ratchets
□ StongArm, Clasper Tip w/ Round Solid Ring

□ StrongArm, Clasper Tip, Round Solid ring w/ Ring Segments

Blades used- please list below:

_____

_____

Application for ENTrac Head & Neck Systems:
□ Parotidectomy □ Para/Thyroidectomy □ Mandibulectomy □ Tumor Excision
□ Neck Dissection □ Laryngeal

Alternative product(s) used for retraction:
□ Assistant □ 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) System successfully provided optimal visualization of surgery site:	Agree	Disagree
4) Workflow was enhanced throughout the procedure:	Agree	Disagree
5) During robotic surgery, ENTrac avoided instrument/robot arm interference:	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