



ReeTrakt™ : Post Market Evaluation Form

Please complete the form and return to your Insigtra Medical representative

Name: _____

Hospital: _____

Procedure: _____

Product Code: _____ Number ReeTrakts used: _____

Please rate the performance: 1= *suboptimal*, 10= *Excellent*

Criteria	Score (1-10)	Comments (Optional)
Did the backing peel away easily		
Was the product easy to position		
Could the product be easily positioned with your drapes		
How did you find the strength of the adhesive		
Did the adhesive last for the duration of the procedure		
Was the base the right shape		
Was the base the right size		
Was the strap the right length		
Was the "Velcro" easy to adjust		
Could the right retraction force be applied		

Was the tip the right size		
Was the tip the right shape / type		
Was the visibility good		
Was the product low enough profile		
Was the pad easy to remove after the procedure		
Overall performance		

General Comments:

Signature: _____ Date: _____