Hospital Name: _____   **Location:** _____

Patient information: Age: ____ ☐ Male ☐ Female   **Date:** _____

Relevant background: _____

Surgeon's Name: _____   **Signature:** _____

Characteristic	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
Ease of loading the device on forceps					
Ease of insertion of the device into the anterior chamber through a 19G incision					
Ease of placing the hooks behind the iris					
Effective dilation of the pupil					
Ease of surgical maneuvers through the dilated pupil					
Stability of pupil dilation throughout surgery					
Ease of removal of the device from the anterior chamber					
In General:					
The IFU provides sufficient / accurate information?					
The device was delivered easily to the sterile field?					
How would you rate the device reliability?					
How would you rate the device compared to competitive alternatives?					
How would you rate the performance of the device for its intended use?					
Overall satisfaction of the device?					

Overall feedback on the device: _____

_____

_____

_____

_____

- Thank you for your time -