



Location, Physician and Procedure Information				
Hospital Name: Click here to enter text.		Date of Procedure: Click here to enter text.		
Physician Name: Click here to enter text.		Surgery Time (hours/minutes): Click here to enter text.		
Surgical Approach: <input type="checkbox"/> Unilateral <input type="checkbox"/> Bilateral		Was this a revision procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Implant Usage				
Screw Diameter	<input type="checkbox"/> 7mm <input type="checkbox"/> 9.5mm <input type="checkbox"/> 12mm	<input type="checkbox"/> Static Stabilization Cap <input type="checkbox"/> Kinetic Stabilization Cap		
Screw Length	<input type="checkbox"/> 30mm <input type="checkbox"/> 35mm <input type="checkbox"/> 40mm <input type="checkbox"/> 45mm <input type="checkbox"/> 50mm <input type="checkbox"/> 55mm <input type="checkbox"/> 60mm <input type="checkbox"/> 65mm <input type="checkbox"/> 70mm			
Rate Each Implant				
	Below Average	Average	Above Average	Comments
Ease of Placing Implants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Range of Screw diameters sizes offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Range of Screw lengths sizes offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Spacing of Stabilization Cap In Situ (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Rate Each Instrument				
	Below Average	Average	Above Average	Comments
Dilators / Depth Gauge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Screw Inserter (7mm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.



	Below Average	Average	Above Average	Comments
Screw Inserter (9.5 & 12mm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Guide Pins / Exchange Pin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Fixed Pin Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Graft Packer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Dilator Handle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

Rate the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree
Overall system performs as intended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The implant/instrument interface is adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screw thread was sufficient and strong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfied with overall instrumentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggestions for future improvements:

[Click here to enter text.](#)

Date: [Click here to enter text.](#)

Completed By: [Click here to enter text.](#)