| 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. |
| Surgery Levels: ☐ One ☐ Two ☐ Three ☐ Four | Was this a revision procedure: ☐ Yes ☐ No |
| Type of fusion performed: ☐ TLIF ☐ PLIF ☐ ALIF ☐ XLIF ☐ Other | |

| Implant Usage | | | |
| --- | --- | --- | --- |
| Screw Diameter  Click here to enter text. | ☐ 5.5mm ☐ 6.5mm ☐ 7.5mm | ☐ Straight Rod ☐ Curved Rod | Rod Length Click here to enter text. |
| Screw Length | ☐ 25mm ☐ 30mm ☐ 35mm ☐ 40mm ☐ 45mm ☐ 50mm ☐ 55mm | | |

### Rate Each Implant

| | Below Average | Average | Above Average | Comments |
| --- | --- | --- | --- | --- |
| Ease of placing screws | ☐ | ☐ | ☐ | Click here to enter text. |
| Range of Screw sizes offered | ☐ | ☐ | ☐ | Click here to enter text. |
| Range of Rod sizes offered | ☐ | ☐ | ☐ | Click here to enter text. |
| Ease of Rod placement | ☐ | ☐ | ☐ | Click here to enter text. |
| Ease of Set Screw placement | ☐ | ☐ | ☐ | Click here to enter text. |

### Rate Each Instrument

| | Below Average | Average | Above Average | Comments |
| --- | --- | --- | --- | --- |
| Awl | ☐ | ☐ | ☐ | Click here to enter text. |
| Pedicle Finder | ☐ | ☐ | ☐ | Click here to enter text. |
| Taps | ☐ | ☐ | ☐ | Click here to enter text. |

| | Below Average | Average | Above Average | Comments |
|---|:---:|:---:|:---:|---|
| Pedicle Screw Driver | ☐ | ☐ | ☐ | Click here to enter text. |
| Set Screw Starter | ☐ | ☐ | ☐ | Click here to enter text. |
| Axial Persuader | ☐ | ☐ | ☐ | Click here to enter text. |
| Compressor/Distractor | ☐ | ☐ | ☐ | Click here to enter text. |
| Rod Bender | ☐ | ☐ | ☐ | Click here to enter text. |
| Counter Torque | ☐ | ☐ | ☐ | Click here to enter text. |
| Final Locking Set Screw Driver | ☐ | ☐ | ☐ | Click here to enter text. |
| Rod Rocker | ☐ | ☐ | ☐ | Click here to enter text. |

| Rate the following statements: | | | | |
|---|:---:|:---:|:---:|:---:|
| | Strongly Disagree | Disagree | Agree | Strongly Agree |
| Overall system performs as intended | ☐ | ☐ | ☐ | ☐ |
| The implant/instrument interface is adequate | ☐ | ☐ | ☐ | ☐ |
| Screw thread was sufficient and strong | ☐ | ☐ | ☐ | ☐ |
| Happy with overall instrumentation | ☐ | ☐ | ☐ | ☐ |

**Suggestions for future improvements:**

Click here to enter text.

| Date: Click here to enter text. | Completed By: Click here to enter text. |
|---|---|