

B&B Medical Technologies
Sil.Flex™ Stoma Pad Product Evaluation

Part Number: _____

Hospital: _____

Unit: _____

RCP/RN: _____

Date: _____

Please evaluate the adequacy of the B&B Sil.Flex Stoma Pad according to the following criteria:

- | | |
|-----------------|----------------------|
| 5 = Exceptional | 2 = Poor |
| 4 = Very Good | 1 = Unacceptable |
| 3 = Good | 0 = Not Able to Rate |

Please return the Evaluation form to the Product Evaluation Committee Coordinator

Feature	Rating							Comments
	5	4	3	2	1	0	Total	
Ease of Use								
Ease of Application								
Patient Comfort								
Stability of Sil.Flex Stoma Pad								
Ease of Change								
Ease of Cleaning								
Overall Performance								
Total (add all ratings/divide by 7)								

Additional Comments