

**STIMULAN® Bullet Mat and Introducer Feedback Form**

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| Your name: |
| Name of Surgeon who trialed product:  Hospital name:        Date of surgery: |
| What type of procedure was the STIMULAN Bullet Mat and Introducer used for? |
| What quantity of STIMULAN was used for this procedure? |
| What bullet size was used for this procedure (7mm or 9mm)? |
| What preparation technique was used (in situ vs. pre-load)? |
| What questions were you asked about the STIMULAN Bullet Mat and Introducer? |
| Did the STIMULAN Bullet Mat and Introducer meet the customer(s) expectations? |
| Rate the ease of use & handling of the STIMULAN Bullet Mat and Introducer on a scale from 1 to 5. *(1=poor to 5=excellent)*  1  2  3  4  5 |
| With what frequency will the surgeon utilize the STIMULAN Bullet Mat and Introducer?  Rarely (once every 3-6 months)  Somewhat (monthly)  Frequently (weekly) |
| What tips did you learn about the STIMULAN Bullet Mat and Introducer? |
| Additional feedback: |

Please return completed feedback form to Dana Lemesh (dcl@biocomposites.com).