

## LESION REMOVAL SURVEY

How does your office currently remove skin lesions ?

☐ Surgical Cutting

☐ Other: \_\_\_\_\_

☐ Cryosurgery

What method of cryosurgery do you use (if applicable) ?

☐ HistoFreeze

☐ Nitrous Oxide

☐ Verruca Freeze

☐ Other: \_\_\_\_\_

☐ Liquid Nitrogen

How many patients with skin lesions do you treat ?

\_\_\_\_\_ Per Week

\_\_\_\_\_ Per Month

What is your average reimbursement ?

\$\_\_\_\_\_ Per Patient

Compared to your current protocol, do you think CryoPen is:

Yes      No

☐ ☐ Faster than your current method

☐ ☐ More adult friendly

☐ ☐ More child friendly

☐ ☐ Less Costly

☐ ☐ More Effective with pen point precision

☐ ☐ Will allow or generate more procedures for your office

Other Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CryoPen Representative:

\_\_\_\_\_

Phone: \_\_\_\_\_

www.cryopen.com

Office Name: \_\_\_\_\_

Your Name/Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_