DePuy Synthes POWER TOOLS
People inspired™
COMPANIES OF Johnson & Johnson

DePuy Synthes Power Tools Sales Evaluation Form

Procedure_____

System Used_____

1. Did the DePuy Synthes Power Tools **meet your clinical needs**?

   ☐ YES ☐ NO

2. Did you find the DePuy Synthes Power Tools **easy to use?**

   ☐ YES ☐ NO

3. Would you be willing to **use** the DePuy Synthes Power Tools during **other procedures**?

   ☐ YES ☐ NO

4. Does the DePuy Synthes Power Tools appear to **offer at least similar clinical functions** compared to your current power tool?

   ☐ YES ☐ NO

5. Does the DePuy Synthes Power Tools appear to **offer clinical advantages or versatility** over your current power tool?

   ☐ YES ☐ NO

6. Is **battery life an important factor** when choosing power tools?

   ☐ YES ☐ NO

7. Is **service an important aspect** regarding your power tools?

   ☐ YES ☐ NO

8. Please choose how you would **rate the DePuy Synthes Power Tools** you evaluated:

   ☐ Clinically Superior

   ☐ Above Average

   ☐ Acceptable

   ☐ Below Average

   ☐ Clinically Unacceptable

Name_____Title_____

Signature_____Date_____