

Product Evaluation Form

3M™ Cavilon™ Durable Barrier Cream

Name of Evaluator	Title	Phone Number	Date
Health Care Facility Name			Department
Sales Representative			

Do you currently use a moisture barrier product?

Yes No If so, which brand? _____

Compared to your usual moisture barrier product –	Better Than	Equal To	Worse Than	Not applicable
How effective is Cavilon Durable Barrier Cream at protecting skin from damage associated with incontinence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How effective is Cavilon Durable Barrier Cream at protecting skin through several incontinence episodes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How effective is Cavilon Durable Barrier Cream as a moisturizer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the scent of Cavilon Durable Barrier Cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the texture of Cavilon Durable Barrier Cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the ease of application of Cavilon Durable Barrier Cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the overall performance of Cavilon Durable Barrier Cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments _____

Would you recommend your facility purchase Cavilon Durable Barrier Cream?

Definitely Probably No If no, please explain: _____

Please complete and return this evaluation form to your 3M Critical & Chronic Care Solutions Representative.



Critical & Chronic Care Solutions Division
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