

3M™ Tegaderm™ Non-Adherent Contact Layer Evaluation

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

Do you presently use a wound contact dressing?

Yes No

If yes, which brand _____

Which size Tegaderm™ Contact Layer did you try?

5642 (3 x 4 inch) 5643 (3 x 8 inch) 5644 (8 x 10 inch)

Please check the sites where 3M™ Tegaderm™ Contact Layer was applied:

Coccyx Ischium Shoulder Hip
 Sacrum Lower Leg Abdomen Heel
 Other, please specify _____

Please check the type of use:

Stage II Pressure Ulcer Stage III Pressure Ulcer Stage IV Pressure Ulcer
 Malignant Lesion Donor Site Dehisced Surgical Wound
 Lower Extremity Ulcer Diabetic Foot Ulcer Superficial Partial Thickness Burn

Please rate the Tegaderm™ Contact Layer as it compares to the dressing you have used most often:

	Much Better	Better	Same	Much Worse	Worse	N/A
Ease of application						
Non-adherence to wound						
Remains in place						
Pain during wear						
Wound remains moist						
Conformability						
Wound condition (healing)						
Prevents scabbing						
Drainage adheres to dressing						
Pain upon removal						
Ease of removal						
Patient compliance						
Overall performance						

Which type of cover dressings did you use most often?

Gauze and Tape Hydrocolloid Foam Other _____

Additional Comments	



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