

3M™ Wound Cleanser Evaluation Form

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

Do you currently use a wound cleanser?

Yes If yes, what brand? _____
 No

Please compare 3M Wound Cleanser to your regular wound cleanser:			
	<u>Better Than</u>	<u>Equal To</u>	<u>Worse Than</u>
Effectiveness in removing debris from the wound?			
Ease of use (opening/closing nozzle, squeezing bottle)			
Right size			
Overall performance			
Would you recommend your facility purchase 3M Wound Cleanser? If no, why not? _____ _____	Definitely	Probably	No
Please comment on any situations where 3M Wound Cleanser failed to meet your expectations. _____ _____			



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