Product Evaluation Form

3M™ Cavilon™ Antifungal Cream

3M™ Cavilon™ ANTIFUNGAL CREAM

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

Please rate Cavilon Antifungal Cream on the following features:	Excellent	Very Good	Good	Fair	Poor
Effectiveness in resolving symptoms	☐	☐	☐	☐	☐
Ease of application	☐	☐	☐	☐	☐
Skin protection from urine	☐	☐	☐	☐	☐
Skin protection from feces	☐	☐	☐	☐	☐
Please compare Cavilon Antifungal Cream to your current product:	**Much Better**	**Better**	**As Good**	**Worse**	**Much Worse**
Overall performance	☐	☐	☐	☐	☐

Would you recommend your facility purchase Cavilon Antifungal Cream?

☐ Definitely ☐ Probably ☐ No If no, why? _____

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

3M

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