

Product Evaluation Form

3M™ Cavilon™ No Sting Barrier Film – Adhesive Damage Prevention – IV

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

Please list the product(s) you currently use for adhesive damage prevention:

Please rate Cavilon No Sting Barrier Film on the following features:	Excellent	Very Good	Good	Fair	Poor
Ease of application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drying time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin protection from adhesive products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of skin maceration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy removal of dressings/securement devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please compare Cavilon No Sting Barrier Film to your current product:	Much Better	Better	As Good	Worse	Much Worse
Protection of infusion sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you purchase/recommend your facility purchase Cavilon No Sting Barrier Film?

Definitely Probably No If no, why? _____

Would you recommend your patients purchase Cavilon No Sting Barrier Film?

Definitely Probably No If no, why? _____

Additional Comments _____

Please complete and return this evaluation form to your 3M Skin & Wound Care Representative.



Skin & Wound Care Division
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 www.3M.com/Cavilon

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3M™ Cavilon™ NO STING BARRIER FILM