

# Feedback Form

Doc. ID: RAE/RNO/FDB-23 \_\_\_\_\_

Doc. Submission Date: \_\_ / \_\_ / 2023

## Case Particulars

Surgeon's name Dr. \_\_\_\_\_

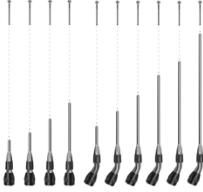


Speciality Neuro Surgery / Spine Surgery

Date of Demo. \_\_\_\_\_

Hospital / Institution \_\_\_\_\_

Procedure Performed \_\_\_\_\_

Cutters / Burrs Used \_\_\_\_\_

<b><u>Velocity Alpha – Feedback</u></b>	
<b><u>Overall Performance</u></b>	<b><u>Ease of Use</u></b>
Average Good Excellent	Average Good Excellent
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b><u>Unique Features Feedback</u></b>	
Universal Cutter system: ✓ All cutters compatible with all Nosepieces. ✓ No Colour Coding. ✓ No Cutter identification needed. ✓ 80% Less cutter inventory.	 Neutral Useful Compelling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Variable Exposure: ✓ 8 Levels of Cutter Exposure adjustment.	 Neutral Useful Compelling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cleaning Adapter ✓ Unique for maintaining long life of Nosepieces.	 Neutral Useful Compelling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Comments & Suggestions:**

\_\_\_\_\_

Surgeon's Signature

Right Avenue Executive's Signature

\*This document will be used for Quality & Training purposes.