

# Medical Product Evaluation Form

## Product Information

- Product Name: \_\_\_\_\_
- Model Number: \_\_\_\_\_
- Manufacturer: \_\_\_\_\_
- Date of Purchase: //\_\_\_\_\_
- Department Using the Product: \_\_\_\_\_

## Product Performance

- Does the product function as expected?  Yes  No
- Rate the ease of use:  Poor  Fair  Good  Excellent
- How satisfied are you with the product's durability?  Very Dissatisfied  Dissatisfied  Neutral  Satisfied  Very Satisfied

## Effectiveness and Safety

- Has the product improved patient care?  Yes  No
- Any safety concerns observed?  Yes  No (If yes, please describe below)
- Additional Comments:

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