Peltec Silicone Pessaries

Name:	
Date:	DD/MM/YYYY
ABM:	
Hospital:	
Department:	
Product:	



1.	Did you find the variety of sizes catered for your clinic/patients?					
	1. Very Easy	2. Easy	3. Average	4. Not Easy	5. Difficult	
2.	How do you find the feel/flexibility of the pessary?					
	1. Very Easy	2. Easy	3. Average	4. Not Easy	5. Difficult	
3.	How did you find initial fitting/insertion?					
	1. Excellent	2. Very Good	3. Good	4. Average	5. Poor	
4.	How did you find the removal?					
	1. Very Easy	2. Easy	3. Average	4. Not Easy	5. Difficult	
5.	Did you find the pessary easy to clean?					
	1. Very Easy	2. Easy	3. Average	4. Not Easy	5. Difficult	
6.	How was your overall experience with the pessary?					
	1. Excellent	2. Very Good	3. Good	4. Average	5. Poor	

Please detail if a score of 3 or above has been given to any of the above questions

Further Comments

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