

Dear SpineMED® Operator.

As part of our ongoing effort to continually improve the SpineMED® System, we are collecting clinical performance data from all users of the device.

Please complete this survey and fax it to 250-563-3177 or email a copy to info@spinemed.com

Best regards,					
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CLINIC INFORMATION					
Physician Name: Diouse Riseo					
Clinic Name: Rehougilist of	ion inster	ret			
Street Address: 5 Cautel	inicore.	2			
City: Bienetretto)				
Province/State: Sector 31		Postal Code/Zip:			
Telephone:	Emai	il:			
SpineMED® Serial #: U FOH &					
CLINICAL	. PERFORMA	ANCE SURVEY			
Please rate your overall patient outcome Less than 40% 41% to 55% Please rate your overall patient outcome	☐ 56% to 70%	71% to 85% 86% or more			
☐ Loss than 40% ☐ 41% to 55%	☐ 56% to 70%	71% to 85%			
		City D. F. L. al.			
Please rate your overall patient outcome					
Less than 40% 41% to 55%	☐ 56% to 70%	☐ 71% to 85% ☐ 86% or more			
☐ Less than 40% ☐ 41% to 55% Please rate overall patient satisfaction w	☐ 56% to 70%	71% to 85%			
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Clinical Performance Survey

Name: Dr. Diaura - Romania

	Overall outcomes* for :				
	Disc Herniation	Disc Degenerations	Sciatica Radiculopathy	Overall	
86% or More					
71% to 85%					
56% to 70%					
41% to 55%					
Less than 40%					

Comments:

^{*} The above data is not peer reviewed. It is the subjective response from a Physician grading their clinical results with the SpineMED® System.