Product Evaluation Form

Please fill in the information below and email a picture of completed form to: **info@airwayinnovations.com**

OR

Scan to fill out Evaluation Form

GENERAL INFORMATION

Today's Date (MM/DD/YYYY):	**Airway used with AERIS™ device:** ◯ OPA ◯ NPA ◯ NPA Used Orally
Patient's Age:	
Patient's Gender: ◯ Male ◯ Female	
Type of Procedure:	
Product LOT #:	

CLINICAL PERFORMANCE

What do you currently use to deliver oxygen during deep I.V. sedation procedures?
◯ Nasal Cannula ◯ Face Mask ◯ Other: _____

How did the AERIS Airway™ $ETCO_2$ waveform compare to what you currently see?
◯ Better ◯ Same ◯ Worse

How did the AERIS Airway™ deliver oxygen compared to the oxygen delivery device you typically use?
◯ Better ◯ Same ◯ Worse

Does your patient monitor offer FIO_2 readings? ◯ Yes ◯ No

If "Yes" to the question above, when using the AERIS Airway™, was FIO_2:
◯ Higher than what I normally experience
◯ Similar to what I normally experience
◯ Lower than what I normally experience
◯ Do not know

Rate your experience using the AERIS Airway™: ◯ Very Satisfied ◯ Satisfied ◯ Dissatisfied

Based on your experience, would you be inclined to use the AERIS Airway™ for your deep I.V. sedation procedures? ◯ Yes ◯ No

PROVIDER INFORMATION

Clinician's Name:	
Clinician's Signature:	
Name of Hospital/Clinic:	
Email:	**Phone:**