EuroMed
Hydrocolloid Health Technologies

SureSkin® SILVER

Evaluation Form

Date _____

Name of Evaluator _____ Title _____

Health Care Facility _____ Department _____

Phone _____ Sales Representative _____ Phone _____

Do you presently use a Silver dressing? ◯ Yes ◯ No

If yes, which brand: _____

Type of product: _____

Foam, gel, alginate, etc: _____

Which SureSkin Silver dressing did you use?

☐ 10×10 cm ☐ 15×15 cm

Please check the sites where SureSkin Silver Dressing was applied:

☐ Sacrum ☐ Ishium ☐ Leg ☐ Elbow

☐ Coccyx ☐ Hip ☐ Heel ☐ Ear

☐ Other _____

Please check the type of wound SureSkin Silver Dressing was used on:

Pressure Ulcer:

☐ Stage 2

☐ Stage 3

☐ Stage 4

☐ Arterial Ulcer ☐ Other

☐ Venous Ulcer

Was the wound clinically infected?

◯ Yes ◯ No

Were Systemic Antibiotics used?

◯ Yes ◯ No

Please rate SureSkin Silver dressing performance as it compares to the dressing you have used previously:

	Much Better	Better	Same	Worse	Much Worse	N/A
Length of wear	◯	◯	◯	◯	◯	◯
Absorption	◯	◯	◯	◯	◯	◯
Peri wound skin	◯	◯	◯	◯	◯	◯
Conformability	◯	◯	◯	◯	◯	◯
Antibacterial properties	◯	◯	◯	◯	◯	◯
Resistance to bunching	◯	◯	◯	◯	◯	◯
Patient comfort	◯	◯	◯	◯	◯	◯
Ease of application	◯	◯	◯	◯	◯	◯
Overall performance	◯	◯	◯	◯	◯	◯

Additional Comments: