



CLINICAL EVALUATION FORM



Product #:

MAIL TO:
 Sage Products
 attn: Customer Service
 3909 Three Oaks Road
 Cary, IL 60013

Facility:

Sales Rep:

Like this: ● Not like this: ✓ ✗ /

Please completely fill in the appropriate response circle for all questions.

STRONGLY DISAGREE DISAGREE AGREE STRONGLY AGREE N/A

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Staff Name:	Additional Comments:
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