



First in LED surgical headlight innovation and service

Enova LED Headlight Feedback Form

Date: _____

Name: _____

Hospital/Surgery Clinic: _____

Email Address: _____ Phone Number: _____

Type of Physician: Cardio-Thoracic Colo-Rectal Deep Cavity Surgery ER/EMT
General Surgery OB/GYN Oral/Maxillofacial Orthopedic Ortho Trauma
ENT Neuro Surgery Plastic/ Cosmetic Spine Urology Vascular
General Veterinary Other _____

Working Distance: _____

Surgical Cavity Depth: _____

What kind of surgical headlight have you used before? Fiber Optic Overhead LED None

Enova headlight evaluated: XLT-225 XLT-125 D-200 S-100

On a scale from 1 - 5 (5 being "excellent") please rate the:

	<i>Unsatisfactory</i>			<i>Excellent</i>		<i>Comments</i>
Light Intensity	1	2	3	4	5	_____
Light Color	1	2	3	4	5	_____
"Spot" size	1	2	3	4	5	_____
Battery Life	1	2	3	4	5	_____
Headlight comfort	1	2	3	4	5	_____
Ease of use	1	2	3	4	5	_____
Overall performance	1	2	3	4	5	_____

Approval NO YES

Other feedback (likes, dislikes, etc):

Suggested improvements:

Please return this form via fax 651-344-0583 or email - Jim Nelson, jnelson@enovaillumination.com
Thank you!