



"FREE" TRIAL EVALUATION FORM

(Evaluation form MUST accompany instruments)

CUSTOMER/HOSPITAL _____

CUSTOMER "NO-CHARGE" PO # _____

(For package tracking and delivery only)

CONTACT _____ PHONE _____

SHIP TO: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

INSTRUMENT CATEGORY

PLEASE DO NOT EXCEED (8) INSTRUMENTS

<u>GENERAL/OB/GYN</u>		<u>NEURO/ORTHOPEDIC</u>		<u>MICROSURGICAL</u>		<u>CARDIOVASCULAR/THORACIC</u>	
ITEM	QTY.	ITEM	QTY.	ITEM	QTY.	ITEM	QTY.
SCISSOR		RONGEUR		SCISSOR		C-V SCISSOR	
NEEDLEHOLDER		CURETTE		NEEDLEHOLDER		C-V NEEDLEHOLDER	
RETRACTOR, HAND HELD		OSTEOTOME/GOUGE		FORCEP		C-V CLAMP	

TOTAL INSTRUMENTS SENT

ETCHING/COLOR CODING INSTRUCTIONS _____

CUSTOMER COMMENTS/SPECIAL INSTRUCTIONS _____

DATE _____

REPRESENTATIVE / PHONE # _____

(Please contact representative upon shipping of Trial Evaluation)

SHIP TO: Five Star Surgical, Inc., 163 Barnet Blvd., New Bedford, MA 02745 Toll-free (877) 59-5STAR FAX (508) 998-5630