Sedatelec®
YOUR WAY OF CARE,
OUR QUALITY DEVICES

Very important Message

Dear therapist,

Thank you for the confidence you have shown us through your continued choice and your loyalty.

As part of the new **Medical Devices European Regulation**, we must strengthen the monitoring and analysis of our products after their marketing.

It will be a **great opportunity to raise awareness of our so-called «unconventional» therapeutic methods**, by demonstrating their effectiveness and total safety.

For that, we need to **collaborate together** to enrich our clinical files. We therefore kindly ask you to answer questionnaires on the use and experience you have with our products. Only the global **anonymous** results will be included in our Regulatory File.

We fully commit to always provide you the best.

Please help us today, log on to our website www.sedatelec.com, click on «Clinical follow-up» (in the footer), and fill out the corresponding online form.

Dr Patrick Becu, DVM
Medical Data Manager

Questionnaire QPMCF111180-ENA

Product : ASP PERMA (Permanent Needle)

1- How long have you been using ASP PERMA ?
over 10 years☐ 2-10 years ☐ <2 years☐

2- How many patients do you treat with ASP PERMA per week?

3- Can you list the main contraindications/precautions specific to ASP PERMA?
……
……

4- What is the main indication for which you use ASP PERMA?
……

5- On average, in this main indication, how many ASP PERMA do you use per patient?

Right ear: ….. Left ear: …

6- Out of 100 subjects treated with ASP PERMA for this indication, you noted:

- no improvement : …….. %
- An average improvement: ……%
- a very clear improvement: ……. %
- a healing : …….. %

7- Have you ever removed ASP PERMA? For what reason?

……

8- Have you ever observed an adverse event with ASP PERMA?
Yes☐ No☐

*If so,*Which one(s)?
:……
……

Date : …… / …… / ……

Your professional stamp