

Dear SpineMED® Operator:

As part of our ongoing effort to continually improve the SpineMED® System, we are collecting clinical performance data from all users of the device.

Please complete this survey and fax it to 250-563-3177 or email a copy to info@spinemed.com.

Thank you for your support.

Best regards,

Tim Emsky

CLINIC	NFORMATION			
Physician Name: Dr.BryceCunningham				
Clinic Name: SuperiorPhysicalMedicine				
Street Address: 7700CatHollowDr.#101				
City: RoundRock				
Province/State: TX	Postal Code/Zip: 78681			
Telephone: 512-255-8888	Email: bcunninghamdc@gmail.com			
SpineMED® Serial #: 4138-HL-0708-C				

CLINICAL PERFORMANCE SURVEY

1.	Please rate your overall patient outcomes for patients with Disc Herniations. (choose one)
2.	Please rate your overall patient outcomes for patients with Disc Degenerations. (choose one) Less than 40% 41% to 55% 56% to 70% 71% to 85% 86% or more
3.	Please rate your overall patient outcomes for patients with Sciatica Radiculopathy. (choose one) Less than 40% 41% to 55% 56% to 70% 71% to 85% 86% or more
4.	Please rate overall patient satisfaction with SpineMED® treatment. (choose one) Extremely Unsatisfied Unsatisfied Neutral Satisfied Extremely Satisfied
A	dditional Comments:
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Name: Superior Physical Medicine - Dr. Bryce Cunningham

	Overall outcomes* for :					
	Disc Herniation	Disc Degenerations	Sciatica Radiculopathy	Overall		
86% or More						
71% to 85%						
56% to 70%						
41% to 55%						
Less than 40%						

Comments:

* The above data is not peer reviewed. It is the subjective response from a Physician grading their clinical results with the SpineMED® System.