

Clinical Performance Survey

Name: **Dres Kramer/Lembert/Guthoerl - Germany - Aktiv-Ortho**

| 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* The above data is not peer reviewed.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.



decompression system
spineMED®

Dear SpineMED® Operator:

END USER USABILITY SURVEY

As part of our ongoing effort to continually improve the SpineMED® System, we are collecting usability data from all users of the device. The information we seek is how the SpineMED® System User Interface and Interaction performs in a real-world environment inclusive of human factors. We wish to gain your experience with any deficiencies or limitations you have encountered with regard to the usability of the device concerning staff operation of the device and also patients experience during treatment.

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

Thank you for your support.

Best regards,

Tim Emsky

CLINIC INFORMATION

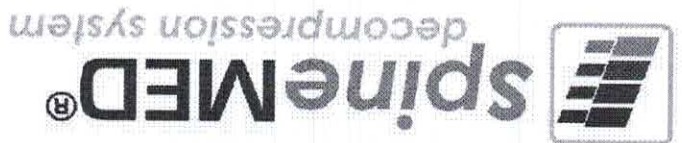
| | |
|---|---|
| Physician Name: Aktiv-Ortho | |
| Clinic Name: Dres. Krämer/Lember/Guthoerl | |
| Address: Bahnhofstr. 76-78 | |
| City: Saarbrücken | Province/State: |
| Postal Code/Zip: 66111 | Email Address: info@aktiv-ortho.de |
| SpineMED® Serial #: A1010-P-1 | |

1. Please provide your observations or comments related to deficiencies in the usability of the device as a clinician operating the device.

2. Please provide any suggestions for improving the usability of the device as a clinician operating the device.

3. Please provide your observations or comments related to deficiencies in the usability of the device from a patient's perspective.

4. Please provide any suggestions for improving the usability of the device from a patient's perspective.



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 INFORMATION | |
|---|---|
| Physician Name: Aktiv-Ortho | |
| Clinic Name: Dres. Krämer/Lember/Guthoerl | |
| Street Address: Bahnhofstr. 76-78 | |
| City: Saarbrücken | |
| Province/State: | |
| Postal Code/Zip: 66111 | |
| Telephone: 0681-92564580 | Email: info@aktiv-ortho.de |
| SpineMED® Serial #: A-10-10 | |

CLINICAL PERFORMANCE SURVEY

1. Please rate your overall patient outcomes for patients with Disc Herniations. (choose one)
 - Less than 40%
 - 41% to 55%
 - 56% to 70%
 - 71% to 85%
 - 86% or more
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

Additional Comments:

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