

Name: Germany - Dr. med. C.D. Schmidt & Dr. med. C. Kurlman

	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* The above data is not peer reviewed.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.



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:	Dr. medi. (. D. Schm	udt & J	r. med. C. Keihlman
Clinic Name:			
Street Address:	Hoffmannsk. 89		
City:	Bad Schtuften		
Province/State:	Germany		Postal Code/Zip: 32/05
Telephone: +4	15222 944960	Email: in	to@drcdschmidt.de
SpineMED® Serial	#:		

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)					
A	Additional Comments:					
	1-3 ist nicht zu beusteilen!					

1648 Ogilvie St. South, Prince George, B.C. Canada V2N 1W9 Tel: 866.990.4444 Fax: 866.990.4445 www.spinemed.com

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END USER USABILITY SURVEY

Dear SpineMED® Operator:

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@spinemed.com.

Thank you for your support.

Best regards,

Tim Emsky

		CLINIC INFORMA	TION	
Physician Name	Dr. med.	(. D. Schmid	tu Dra	neci. C. Keihlmenn
Clinic Name:	•	and the second se		
Address:	Huffmannsh	. 89		
City:	Bad Salzufi	en	Province/State:	Gemany
Postal Code/Zip	32105	Email Address:	infold	tood schmidt de
SpineMED® Se	rial #:			

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

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 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.

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