

## AIRLIFE OPEN™ OXYGEN MASK

To ensure the safety and performance of our products, AirLife® would like your feedback on our AirLife Open™ Oxygen Mask. Please complete the evaluation form after using the product.

CLINICIAN NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CLINICIAN TITLE: \_\_\_\_\_

**PLEASE RESPOND TO EACH OF THE FOLLOWING STATEMENTS:**

In what unit was the patient treated?

Did the AirLife Open oxygen mask function as intended? **YES** **NO**

Do the features of the AirLife Open oxygen mask provide a clinical benefit over traditional oxygen mask delivery? **YES** **NO**

Did you find the AirLife Open Oxygen Mask to be clinically acceptable? **YES** **NO**