



Enova LED Headlight Assessment

Date: _____

Name: _____

Hospital/Clinic : _____

Email: _____

Specialty: **Medical:** Cardio-Thoracic, Colo-Rectal, ENT, ER/EMT, General Surgery, Neuro, OB/GYN, Oral-Maxillofacial, Orthopedic, Ortho-Trauma, Plastic and Cosmetic, Spine, Urological, Vascular

Dental: Endodontist, General

Vet: Equine, General Vet, Surgical Vet

Type of Procedure: _____

Working Distance: _____

Surgical cavity depth: _____

Model: XLT "Xtreme Light" Series: Adjustable Aperture: XLT-225A XLT-125A XLT-ENT
 Fixed Aperture: XLT-105F XLT85F

PLT "Pure Light" Series: Adjustable Aperture: PLT-165A PLT-90A PLT-ENT
 Fixed Aperture: PLT-80F PLT-60F

On a scale from 1 - 5 (5 being excellent) please rate the:

	<i>Unsatisfactory</i>					<i>Excellent</i>	<i>Comments</i>	
	1	2	3	4	5	_____		
Light intensity	1	2	3	4	5	_____		
Light color temp.	1	2	3	4	5	_____		
Illuminated tissue color rendition	1	2	3	4	5	_____		
"Spot" size (2" - 5")	1	2	3	4	5	_____		
Headlight comfort	1	2	3	4	5	_____		
Headlight ease of use	1	2	3	4	5	_____		
Battery life	1	2	3	4	5	_____		
Battery weight	1	2	3	4	5	_____		
Overall performance	1	2	3	4	5	_____		
Approval	_____ NO				_____ YES		_____	



Other feedback (likes, dislikes, etc):

Suggested improvements:

Please return this form via fax 651.344-0583 or email – info@enova.email
Thank you!