

TwoFlex 2-layer compression evaluation form



Skin Health

Facility name: _____

Clinician name and title: _____ Phone: _____

Please rate your experience with TwoFlex on the following criteria, on an increasing scale (1-5):

	Poor 1	2	3	4	Excellent 5
Ease of application					
Ability to stay in place					
Patient comfort					
Clinical efficacy					
Overall performance					
Other:					

Overall comments and evaluation of TwoFlex:

**Make skin health
second nature**