



Lomatuell® Pro feedback form

This form is to provide feedback on **Lomatuell® Pro** supplied by L&R Medical and should not be shared with external third parties.

Please note that the information recorded on this form should not contain identifiable patient data:

- It may be used for the purposes of data collection and analysis
- It may be used to support formulary changes

Date:	
Place of work:	
Trust:	
Clinician Name/Initials:	
Type of wound:	
Location of wound:	
Existing/Previous Products:	
Frequency of dressing change with existing product:	
Secondary dressing used with Lomatuell® Pro:	
Products used for woundbed preparation (eg debridement):	

How does **Lomatuell® Pro** compare to your existing dressing choice (please tick):

Ease of application:	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
Conformability:	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
Transfer of exudate through dressing:	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
Condition of peri wound skin:	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
Patient comfort:	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
Ease of removal (non-adherence):	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor

Wound status:

Healed

Improving

Static

Deteriorating

Comments:

Overall how does Lomatuell® Pro compare to your existing brand?

Very Good

Good

Fair

Poor

Very Poor

Would you use this product again?

Yes

No

Comments

Patient Feedback: Are there any patient or carer comments that you would like to share?

Clinicians feedback: Please record any relevant additional comments or information.

Thank you for taking the time to complete this feedback form.

For further information contact our Customer Services Team
on **08450 606707** or email at **customerservices@uk.lrmed.com**