



MIS Pedicle Fastener System – Physician Preference Evaluation (PPE) Form

Please complete and email to Todd.Evans@OsteoCentric.com

Date: _____ Hospital/Facility/Location: _____

Full Name of Surgeon: _____

Patient ID (last 4 digits): _____

Age and Gender of Patient: _____

1. Was Navigation used? **Yes** **No**
 - a. If “Yes,” what system, 2D or 3D? _____

2. Were guidewires used in this procedure? _____

3. MIS or open procedure (circle one)

4. At what levels were the pedicle fasteners used?

5. What diameter and lengths of the pedicle fasteners were used?

6. What length rods were used in the surgery? _____

7. Was an interbody used? **Yes** **No** What material was the interbody? _____

8. Did you tap the pedicle prior to pedicle fastener insertion? **Yes** **No**
(Please explain your rationale to tap or not to tap)

9. Did the Pedicle fastener insert into the pedicle in a satisfactory manner? **Yes** **No**
(Please elaborate)

10. Did you compress the disc space of the pedicle Fasteners? **Yes** **No**

a. If "Yes," did the compressor work in a satisfactory manner: _____

11. Did you distract the disc space of the pedicle Fasteners? **Yes** **No**

a. If "Yes," did the distractor work in a satisfactory manner: _____

For questions 12-17 please use the scale provided to answer

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

12. The probe and guide wire inserter worked appropriately

1	2	3	4	5
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Additional Comments _____

13. The Rod Length Measurement tool worked appropriately

1	2	3	4	5
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Additional Comments _____

14. The driver captured and inserted the pedicle fastener appropriately

1	2	3	4	5
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Additional Comments _____

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

1	2	3	4	5
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15. The set screw driver properly inserted and threaded the set screws properly

Additional Comments _____

16. The locking torque and counter-torque performance were acceptable for final lock-out

1	2	3	4	5
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Additional Comments _____

17. The pedicle fastener tabs were easy to remove

1	2	3	4	5
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If "No," please explain: _____

18. Please provide any other notable observations or comments, especially as related to the bone-implant interface.

Surgeon's Signature _____