

Clinical Justification Form: FHSC Surgery Center

Use this form to request a new product or service. This form is to be completed by the requesting Physician, Manager or Supervisor. *Submissions from shared computers are subject to author validation and may be rejected.*

Your Information

First Name:

Last Name:

Department:

Phone:

Position:

Email:

Do you have financial conflict or interest in selecting and/or recommending this product?

Yes	No
<input type="text"/>	<input type="text"/>

Will you receive a fee to use this product?

Yes	No
<input type="text"/>	<input type="text"/>

Purpose of this Request

One Time Patient Specific Use

Clinical Evaluation

Future Purchase

Is this a new procedure?

Yes	No
<input type="text"/>	<input type="text"/>

Does this product require new skills/credentials or privileges?

Yes	No
<input type="text"/>	<input type="text"/>

Is this a high priority?

Yes	No
<input type="text"/>	<input type="text"/>

Date Needed?

About the Product

Product Name:

Manufacturer:

Other Manufacturers of this product:

Is this a new technology?

Yes	No
<input type="text"/>	<input type="text"/>

Does this product have an HDE or IDE from the FDA?

Yes	No
<input type="text"/>	<input type="text"/>

Will data be collected in regard to use of this product for research or study?

Yes	No
<input type="text"/>	<input type="text"/>

Will this product replace an existing product?

Yes	No
<input type="text"/>	<input type="text"/>

If yes, which product will it replace?

How will this product improve patient outcomes?

Will this product increase or decrease usage of an existing product?

Yes	No
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Will this product increase patient volumes?

Yes

No

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Are you aware of an alternative or competing product to the one you wish to utilize? If so, please identify.

Yes

No

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Anticipated monthly volume?

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Product was requested by?

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Product was requested on?

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About the Product Representative

Rep First Name:

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Rep Last Name:

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Rep Phone:

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Rep Email:

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Will a proctor be required for this case? If yes, please identify the proctor and indicate if they will assist or observe.

Yes

No

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Other Comments:

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Reason: Additional Comments:

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