

PATIENT SURVEY

Please fill out this survey regarding your experience today using Elequil aromatabs®

1.	Did Elequil aromatabs (check all that apply)
	☐ Help you to feel calm and/or comfort
	☐ Help you to relax if experiencing pain
	☐ Help soothe queasiness (if applicable)
	☐ Show that this center cares about your well-being
	□ None of the above
2.	General feelings about today's experience using Elequil aromatabs:
	☐ Contributed to a more positive experience
	□ Noticed no difference
	□ Other
3.	If this same exam / procedure is needed in the future, would you like an Elequil aromatabs? ☐ Yes ☐ No ☐ Not sure
4.	Please share with us anything else about your experience using Elequil aromatabs:

Visit beekley.com for product safety information. For facility use only; do not return results to Beekley Medical®.

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