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Footprint Medical PICC Kit
Evaluation Form

Name: _____

Date: _____

Table with 6 columns: Footprint PICC Performance - Rating, Excellent, Good, Average, Fair, Poor. Rows 1-8 list various performance metrics with corresponding ratings.

9. Clinically acceptable PICC catheter? Yes _____ No _____

10. General Comments

Five horizontal lines for general comments.