

## **VEOG Feedback**

**Name of Person:** \_\_\_\_\_

**Does the limb fit?** Yes or NO      **Does the limb function?** Yes or NO

**Notes on fitting the VEOG:** \_\_\_\_\_

\_\_\_\_\_

**General Comments:**

\_\_\_\_\_

\_\_\_\_\_

**What are the user's comments?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How could the device or process be improved?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email the completed form and at least one photo of the candidate with the VEOG to  
**jules@julesworkshop.net**

This form is also available at *<http://www.julesworkshop.net/projects.html>*