



## Opus Healthcare Stoma Accessory Products

Form to be used to report occasions when products do not meet user expectations

Name of Nurse: \_\_\_\_\_

Hospital: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Product: \_\_\_\_\_

Brief description of why product failed to meet user expectations:

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If you want us to contact you to discuss this matter, please tick the box

Any other comments: \_\_\_\_\_

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Thank you for taking the time to complete this form. Please fax it to us on 020 8665 5397.

**Opus Healthcare**

**Innovating in Stoma Care Accessory Products**