

3M™ Cavilon™ Durable Barrier Cream

Name of evaluator	Title	Phone	Date
Health care facility name		Department	
Sales representative			

Do you currently use a moisture barrier product?

Yes No If so, which brand? _____

Compared to your usual moisture barrier product –	Better Than	Equal To	Worse Than	Not applicable
How effective is Cavilon Durable Barrier Cream at protecting skin from damage associated with incontinence?				
How effective is Cavilon Durable Barrier Cream at protecting skin through several incontinence episodes?				
How effective is Cavilon Durable Barrier Cream as a moisturizer?				
Rate the scent of Cavilon Durable Barrier Cream				
Rate the texture of Cavilon Durable Barrier Cream				
Rate the ease of application of Cavilon Durable Barrier Cream				
Rate the overall performance of Cavilon Durable Barrier Cream				

Would you recommend your facility purchase Cavilon Durable Barrier Cream?

Definitely Probably No If no, please explain: _____

Additional comments _____

Please complete and return this evaluation form to your Solventum Advanced Wound Care Representative.

Solventum Medical Surgical

Phone 800-228-3957
Web Solventum.com

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