

DR MOHANLALL

Practice Number: 0309168

CENTRE FOR ADVANCED MEDICINE SOUTH AFRICA

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3 DIMENSIONAL VASCULOGRAPHY (3DVG)- PATIENT ASSESSMENT / TESTIMONIAL

Name: ADHIR JUGGERNATH

Date: _____

1. From where did you hear about 3DVG?

MY DAD - READING PAPER

2. Can you give a brief overview about your opinion on the 3DVG assessment and the explanation of the results?

IT WAS HIGHLY INFORMATIVE AND MADE ME WELL INFORMED

ON MY CARDIOVASCULAR STATUS

3. Would you recommend this assessment to anybody else? Please tick the appropriate box.

- Yes
- No

4. Do you grant permission for the following to appear on our website and other sources for other patient's benefit?

- | | Yes | NO |
|---------------|-------------------------------------|-------------------------------------|
| • Testimonial | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Name | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Signature: _____