

DR MOHANLALL

Practice Number: 0309168

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

Name: DEJONATHAN SHAWEN

Date: 10/12/15

1. From where did you hear about 3DVG?

Advertising

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

Informative, enlightening.

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 type="checkbox"/> |

Signature: 