

DR MOHANLALL

Practice Number: 0309168

CENTRE FOR ADVANCED MEDICINE SOUTH AFRICA

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

Name: FAREEDA CHOHAN

Date: _____

1. From where did you hear about 3DVG?

FAMILY, FRIENDS

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

It has indeed motivated us to follow
the treatment.

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: 