DR MOHANLALL

Practice Number: 0309168

CENTRE FOR ADVANCED MEDICINE SOUTH AFRICA

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

| ame: | FARHAD EBRAHIM | | Date: 02 | 08/16 |
|------|---|--------------------------|-----------------------|-------------------|
| 1 | From where did you hear about | 3DVC3 | | |
| 1. | FROM ANOTHER PATIENT (HAFIZA KHAN) | | | |
| 2. | Can you give a brief overview about your opinion on the 3DVG assessment and the explanation of the results? | | | |
| | IT WAS VERY INFORMATIVE DR MOHANCALL | | | |
| | MY GONDITION | | PLANATION | 0F |
| | (010) | | | |
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| | | | | |
| 2 | | | | |
| 3. | Would you recommend this assessment to anybody else? Please tick the appropriate box • Yes | | | |
| | • No 🗆 | | | |
| | | | *** | |
| 4. | Do you grant permission for the other patient's benefit? | following to appe | ar on our website and | other sources for |
| 4. | | following to appe Yes | ar on our website and | other sources for |
| 4. | | | | other sources for |
| 4. | other patient's benefit? | | | other sources for |
| 4. | other patient's benefit?Testimonial | | | other sources for |