

DR MOHANLALL

Practice Number: 0309168

CENTRE FOR ADVANCED MEDICINE SOUTH AFRICA

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

Name: HASRA DESAI

Date: _____

1. From where did you hear about 3DVG?

HUSBAND.

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

VERY VERY GOOD.
EXPLANATION -

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: HB & Desai