DR MOHANLALL

Practice Number: 0309168

CENTRE FOR ADVANCED MEDICINE SOUTH AFRICA

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3	DIMENSIONAL	VASCULOGRAPHY	3DVG	- PATIENT	ASSESSMENT	/ TESTIMONIAL
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1.	From whore did you been about 25	2002						
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2.	Can you give a brief overview about your opinion on the 3DVG assessment and the							
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3.	 Would you recommend this assess Yes No □ 	sment to anyb	ody else? Please	tick the approp	riate box.			
4.	Do you grant permission for the fo other patient's benefit?	ollowing to app	oear on our webs	ite and other so	ources for			
		Yes	NO					
	TestimonialName							
	LIGHT STILLS							