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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Name:	Nimm		Date: 7/8/2017				
1.	From where did you hear about 3DV SUNDAY TRIBYING			_			
2.	Can you give a brief overview about your opinion on the 3DVG assessment and the explanation of the results? EXECUTED TEST AND DOCTOR EXPLANATION						
	S 			_			
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				
	TestimonialName						
	Signature:	-	5 * - 1				