

REQUEST TO TRAIN AT YOUR CLINIC



► Return by email (dorian@cvcta.com)
or fax (415-772-5686) ◀

325 Sacramento Street, San Francisco, CA 94111
Tel: 415.772.0908

PERSON TO CONTACT:	
Your Name:	
Specialty:	Phone:
Office Address:	Email address:
PLEASE ANSWER THE FOLLOWING:	
1. How many cardiologists and/or how many radiologists will be trained? # Cardiologists _____ # Radiologists _____	
2. What workstation do you use?	
3. Are you actively performing CTA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you have access to a 64-slice CT Scanner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Have you received any mentored cases so far? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many? _____	
6. Where will the course be held? City, State _____	

Thank you for your interest-
We will be in contact with you in the near future.