

Your practice or clinic on the Internet

You offer pQCT bone density and geometry? We are happy to include you in our directory on the internet. So interested patients from your region can refer to you directly. You can find the list online at our website <http://www.galileo-training.com> (heading „locations“). Of course this service is free of charge for you. Please send us back this form completed and signed by post or fax. You can specify multiple device types. If you also offer Leonardo Mechanography or Galileo Training, you have to fill out the form only once. Should your data change we ask you for your writing.

Your Entry: For your entry, we need the data indicated in **bold** type and marked with an asterisk (*). Fax and internet information are optional.

Name of the facility*: _____

Kind of location*: Clinic Office based physician Physiotherapy
 (Please indicate where applicable) Other _____

Device type(s)*: pQCT Galileo floor mounted device Galileo tilt table Galileo dumbbell Leonardo Mechanography
 (Please indicate where applicable)

Street, no.*: _____

ZIP, city*: _____

Country*: _____

State (US only): _____

Telephone*: _____

Fax: _____

Internet: _____

The following additional **bold** and with asterisk (*) indicated information we need only for our internal check. This information is not published in the internet! Please understand that we solely publish locations for pQCT bone density and geometry, Leonardo Mechanography and Galileo therapy and training on our website.

E-mail: _____

Serial number*: _____
 (at least one device)

Device*: _____
 (e.g. XCT 2000 L)

Which patient groups do you care for?

We are frequently contacted by patients who have specific diseases and search for a practice that is appropriate for them. In order to best help here, we ask you to inform us which patient groups you treat mainly. Do you have an additional specialty?

Please post my data as given above on the internet.
 Please note: Customers based in the US will also be listed on the websites of our US distributors.

Date: _____ Stamp/signature: _____

