

HeartFlow® Finder – Consent Form

Consent for Listing on the HeartFlow Finder

HeartFlow offers its HeartFlow Finder at www.heartflow.com/finder to assist patients in locating a healthcare provider who may be able to provide them with the HeartFlow® FFR_{CT} Analysis.

We ask for your written consent for HeartFlow to list your hospital on the HeartFlow Finder. Please provide the hospital you would like listed and contact information. If you agree to these listings, please sign and return a copy of this letter to your local HeartFlow representative.

We appreciate your help in providing information to potential patients about the HeartFlow Analysis.

[HeartFlow Contact]

Facility Information - Listed on HeartFlow Website

Facility Name _____

Address _____ City _____ State _____ Zip _____

Preferred Website _____

Scheduling Department/Contact for Patient Inquiries

Full Name _____ Email _____ Phone _____

Please use additional pages if you would like to list more than one site on HeartFlow Finder.

So Acknowledged and Agreed by its Authorized Representative

Signature: By signing, I confirm that the information provided in this form is accurate, approved for listing on the HeartFlow Finder and that I am authorized to provide this information.

Print Full Name _____ Title _____

Signature _____ Date _____