

ADVANCED MYOGRAPHIC TECHNOLOGIES

I would like information on the Wireless **SOFi M²™** System



Name: _____ Affiliation: _____

Address: _____

City: _____ State _____ Province: _____ Zip Code: _____

Phone: _____ Email: _____ Country: _____



Questionnaire: Please use an "X" to FILL out interests below so we may expedite a response back to you!

What is your interest:

Taking Acoustic Myography to a Higher Power™

- 1) Schedule a **SOFi™** Physical Test? ☐ YES ☐ NO
- 2) Start a Clinical Research or R&D project? ☐ YES ☐ NO
- 3) Are you available to meet with Dr. Harrison? ☐ YES ☐ NO
- 4) Would you prefer to schedule a Zoom Video meeting? ☐ YES ☐ NO

SOFi™ Intended Use:

☐ CLINICAL

or

☐ RESEARCH



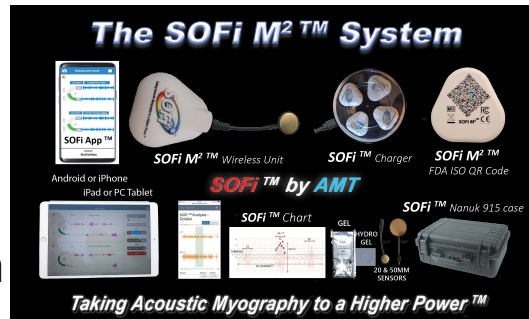
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Advanced Myographic Technologies, LLC

Scan QR Code for further info.



www.myographytech.com



☐ Product Demonstration



Taking Acoustic Myography to a Higher Power™

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