



Information assistant for purchasing A.V.I. and Sony Medical products.
Please complete this form and fax it to the A.V.I. office at (212) 262 9001.

This is not a purchase order.

Thank you.

Name: Dr.
Company/ Clinic:
Address:
City:
State/Province:
Zip/Postal Code:
Country:
Phone: Office: Cell:
E-Mail:

1. Which AVI video adapter would you like to purchase:

AVI-50 AVI 3W-3Z X-Y AVI 3W-3Z

2. What medical camera do you currently use in the operating room and office:

Office camera:

Operating room camera:

3. Are you looking for a solution for Digital slit lamp photography?

Yes No

if "yes" what kind of slit lamps + Beam splitter you have?

Zeiss Haag Streit Topcon Other:

4. Are you interested in upgrading your OR equipment to "state - of - art" DIGITAL system?

Yes No

5. Would you like to receive more information on AVI products? Please, select areas of interest:

AVI Stereo Inverter
AVI Panoramic Indirect lenses
AVI Surgical & Slit Lamp enhanced Illumination

6. What of the following equipment do you have?

Sony Monitors: 14" 20" None
Digital Recorder: NTSC Dual standard PAL & NTSC None
Camera 3CCD with: Digital output Analog output
Digital still camera Coolpix

7. Use this area for questions and comments:

Signature: _____

PRINT

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