

POST-TEST INFORMATION

Upon Completion, Mail to: Radiologic Educational Services
P.O. Box 11820
Olympia, WA 98508

OR

Fax to: (512) 686-2428 *Please choose one option. Do NOT do both.*

(PLEASE ALLOW 1-2 BUSINESS DAYS FOR PROCESSING)

NAME:

ADDRESS:

CITY/STATE:

ZIP:

Required
ARRT or SS#:

DATE OF BIRTH: / /

DATE COMPLETED: / /

PHONE NUMBER:

*To be confirmed by postmark or fax date stamp

How would you like to receive your Certificate of Completion? Please select one option only.

- Please email certificate to me at: _____
- Please fax certificate to fax #: _____
- Please mail certificate to address above. (All certificates sent via USPS)

How did you hear about the Radiologic Educational Services Homestudy Program?

- SCANNER Magazine RT Image
- Google Search Informational Flyer
- Other: _____

YES! Please keep me informed about upcoming sales and new product announcements:

E-MAIL ADDRESS:

COMMENTS/SUGGESTIONS: (optional)

ANSWER SHEET – The New Generation Breast Cancer Book

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
1.	0	0	0	0
2.	0	0	0	0
3.	0	0	0	0
4.	0	0	0	0
5.	0	0	0	0
6.	0	0	0	0
7.	0	0	0	0
8.	0	0	0	0
9.	0	0	0	0
10.	0	0	0	0
11.	0	0	0	0
12.	0	0	0	0
13.	0	0	0	0
14.	0	0	0	0
15.	0	0	0	0
16.	0	0	0	0
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33.	0	0	0	0
34.	0	0	0	0
35.	0	0	0	0
36.	0	0	0	0
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44.	0	0	0	0
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46.	0	0	0	0
47.	0	0	0	0
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49.	0	0	0	0
50.	0	0	0	0

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
51.	0	0	0	0
52.	0	0	0	0
53.	0	0	0	0
54.	0	0	0	0
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91.	0	0	0	0
92.	0	0	0	0
93.	0	0	0	0
94.	0	0	0	0
95.	0	0	0	0
96.	0	0	0	0
97.	0	0	0	0
98.	0	0	0	0
99.	0	0	0	0
100.	0	0	0	0

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
101.	0	0	0	0
102.	0	0	0	0
103.	0	0	0	0
104.	0	0	0	0
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106.	0	0	0	0
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109.	0	0	0	0
110.	0	0	0	0
111.	0	0	0	0
112.	0	0	0	0
113.	0	0	0	0
114.	0	0	0	0
115.	0	0	0	0
116.	0	0	0	0
117.	0	0	0	0
118.	0	0	0	0
119.	0	0	0	0
120.	0	0	0	0