

# Physician Finder - Consent Form

## Consent for Listing on the HeartFlow® Physician Finder

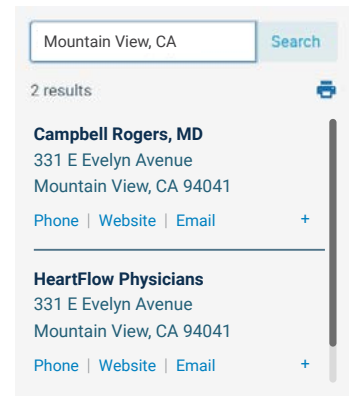
HeartFlow offers its Physician Finder at [HeartFlow.com/heartflow-finder](https://HeartFlow.com/heartflow-finder) to assist patients in locating a healthcare provider who may be able to provide them with the HeartFlow FFR<sub>CT</sub> Analysis.

We ask for your written consent for HeartFlow to list your name and/or practice name on the HeartFlow Physician Finder. Please provide the physician name or practice name and contact information you would like listed. If you agree to these listings, please sign and return a copy of this document to your local HeartFlow Representative.

We appreciate your help in providing information to potential patients about the HeartFlow FFR<sub>CT</sub> Analysis.

Larry Adams

[HeartFlow Representative]



## Physician and/or Site Name Information - Listed on HeartFlow® Website

*\*Please check one of the boxes below*

☒ Physician Name **Carlos A Leon** NPI #:

☐ Site Name **Ascension St Vincents**

Address **1 Shircliff way** City **Jacksonville** State **FL** Zip **32204**

Website **healthcare@ascension.org**

## Contact Information for Patient Inquiries

Email **leonc1@mac.com** Phone **9043086419** Fax **9043084146**

*\*Please note, HeartFlow will not include your NPI # on our website's Physician Finder.*

So acknowledged and agreed by its authorized representative

**Signature:** By signing, I confirm that the information provided in this form is accurate, I consent to the use of my personal information for this purpose and that I am authorized to consent to the publication of this information for my practice.

Print Full Name **Carlos A Leon** Title **Director Cardiac CT**

Signature    
DocuSigned by:   
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Date **7/22/2024 | 9:21 AM PDT**

Physicians and sites listed on the HeartFlow Finder do not receive any payment or other value in exchange for their listing.

HeartFlow, Inc. | 331 E Evelyn Ave | Mountain View, CA 94041 | ph: +1.650.241.1221 | info@heartflow.com | heartflow.com

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