



Dr. Anthony J. Lombardi
APPLICATION FOR ASSISTANTSHIP

CONTACT AND PRACTICE INFORMATION:

Name: _____

Email: _____ Phone: _____

Practice Name: _____ Number of years in practice: _____

Practice Address:

Country _____ State/Province _____

Street Address _____ Zip code _____

How long have you been using EXSTORE in your practice?

- <6 months 6 months – 1 year >1 year

Approximately what percentage of your practice includes treating MSK patients?

- <25% 25-50% 50-75% >75%

On what percentage of your MSK/Pain/Orthopedics patients do you apply EXSTORE?

- <25% 25-50% 50-75% >75%

For your Orthopedic, MSK, and pain patients, what percentage of your treatments do you use electro-acupuncture and motor points on?

- <25% 25-50% 50-75% >75%

COURSES TAKEN:

Did you attend and complete a live EXSTORE seminar in 2019 or 2020?

- Yes No

Please list all other live seminars you have taken with Dr. Lombardi:

List all Dr. Lombardi webinars you have completed:



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PRACTICING AND APPLYING EXSTORE IN YOUR CLINIC

What benefits have you experienced in using the EXSTORE system?

What are your reasons for wanting to assist in a live seminar?

Additional comments:

Signature:

Date:
