

# SpyGlass™ DS Direct Visualization System

## Outreach Tools Request Form

Requestor Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Hospital/Practice Name \_\_\_\_\_  
Physician Name(s) \_\_\_\_\_  
Boston Scientific Sales Representative Name \_\_\_\_\_

**Please select the template and outreach tool(s) from the following list:**

**Template Referring Provider Outreach Tools**

*Please contact your Boston Scientific Sales Representative for template tools for events sponsored by Boston Scientific.*

- Referring provider event flyer (for non BSC-sponsored events)
- Referring provider event email invitation (for non-BSC sponsored events)
- Template PowerPoint Presentation for referring provider event
- Letter to referring providers

**Advertising**

- Template print advertisement

*It is the hospital or practice's responsibility to pay the \$100 cost for customizing and resizing the template print advertisement.*

*Please complete this information, submit the form and a member of the Boston Scientific Marketing Communications Team will be in touch regarding next steps.*

- Vertical    or     Horizontal  
 Color    or     Black & White

Advertisement specs/measurements \_\_\_\_\_

File type needed (e.g., JPEG, PDF) \_\_\_\_\_ Deadline \_\_\_\_\_

*The file will be provided after payment has been made for customizing and resizing the file.*

**Please contact us at [SpyDSPR@bsci.com](mailto:SpyDSPR@bsci.com) if you have any questions.**



**SUBMIT** > Completed form to [SpyDSPR@bsci.com](mailto:SpyDSPR@bsci.com)

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