



**Clinical Solutions Free Trial Request**

Name:

Title:

E-mail:

Phone:

Organization:

Organization Type:      Hospital      Imaging Center      Other:

Location: City/State/Country

How did you hear about us?      Internet Search      Referral      Journals      Meeting/Event

Trial Request:      X-Ray      CT

IT Set Up:      Virtual Server      Other

IT Preference:      Individual CPU      Centralized Server      Other:

PACS System/Workstation:

Dose Monitoring System:

Back-Up System:

Connection Speed:

Primary Use:      General      Pediatric      Other:

Priority Need:      Image Improvement      Radiation Dose Reduction

Number of Protocols (Routine and Extended):

Other comments:

Thank you for taking the time to complete this information. We will contact you within three business days.