



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.

E-mail your request to Scott.Chomiak@Sapheneia.com or open in Adobe Acrobat to activate "Submit" button.