



**Clinical Solutions Free Quote 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

TYPE OF EQUIPMENT:

X-Ray # of units      CT # of units      MRI # of units

Other: \_\_\_\_\_

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): \_\_\_\_\_

How are you addressing MITA XR 29?

Do you currently market that you provide low dose treatments?

Is this purchase currently in an approved budget?      Yes      No

When would this purchase be scheduled for installation?

Are you part of a GPO?      Yes      No    Which one?

Who is responsible for making purchasing approval?

Is this a competitive quote?      Yes      No

If yes what other firm(s) are quoting?

Would you prefer a capital purchase quote or subscription quote?

Would you consider being a Reference Site?      Yes      No

Do you have a Discount Code?      Yes      No

What are your plans for future Radiology Equipment and Software purchases?

Thank you for taking the time to complete this information. You can expect your quote within three business days.

E-mail your request to [Scott.Chomiak@Sapheneia.com](mailto:Scott.Chomiak@Sapheneia.com) or open in Adobe Acrobat to activate "Submit" button.