



C-ARM AVAILABLE FOR SALE

PLEASE FILL OUT FORM IN FULL AND FAX TO THE ABOVE NUMBER

Today's Date: _____ Contact Person: _____
Business or Trading Name: _____
Address: _____ P.C. _____
Phone : _____ Fax : _____ email: _____

Manufacturer & Model: _____ Year of Manufacture: _____
Serial Number : _____ (essential)
Single or Dual Monitors : _____ Size(s) of Image Intensifier : _____
How many frame / image storage: _____
Software level _____ Additional features and / or software _____
Hard Copy Camera or Printer YES / NO (please circle) Make and Model : _____
Has the imaging intensifier ever replaced? : YES/ NO If YES, when? _____
Is the equipment currently installed and working ? YES/ NO
Any known problems: _____
Is the system currently under Service Contract and by whom? _____
Service engineer's name and contact number : _____
Date of last Radiation Authority inspection: _____
Would digital photos be obtainable? Yes / No Describe cosmetic condition? _____
With what are you replacing the system? _____
Would you be interested in a refurbished or preloved unit? _____
When is the Unit Available: _____ Asking Price \$ _____