



CT SCANNER AVAILABLE FOR SALE

Please complete this form on your screen and click on email link at the bottom or print out to complete by hand and fax to us

Date Contact person

Business / Trading name

Address

Phone Fax email

CT brand and model Date of manf. Install date

Total gantry count (secs/slices/mAs) Age of tube

Current tube count(secs/slices/mAs) Tube heat units

Slice No. (1,2,4,16 etc) Gantry serial number Generator kW

Type of Archiving (MOD/Pacs) Software level

Additional apps / options (cardiac, dental, etc)

Laser Imager ? Model Injector? Model

DICOM ? Y/N Is the CT installed and running Workstation ? Y/N

Any known problems? When is the scanner it available?

Is the CT under a service contract and with whom?

Are service records and image samples available? Ground floor location?

Can you provide digital photos? Asking Price?

With what are you replacing this CT? Would you be interested in used CT?