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GAMMA CAMERA AVAILABLE

PLEASE FILL OUT FORM IN FULL AND FAX OR EMAIL TO US

Today's Date:	Contact Person:
Business or Trading Name:	
Address:	
Phone:em	nail:
Make & model:	Manufacture date Install date
Single or dual head Rect	angular or Circular Crystal thickness
Collimators (Please list) :	
Type of image storage: Optical Disk	x, PACS, other ? (please circle)
Software level	Database
Is the system DICOM compatible	Yes / No
If the system is currently under a se	rvice contract, and with whom?
Is the system installed and working?	? Yes / No
Any known problems with the system	m?
Describe cosmetic condition?	
Can you provide photos? Yes / No	
When is the equipment available:	Asking Price \$
With what are you replacing the sys	stem?
Would you be interested in a prelov	ved replacement? Yes / No