



MRI AVAILABLE FOR SALE

PLEASE FILL OUT FORM IN FULL AND FAX TO (02) 9817 0865

Today's Date: _____ Contact Person: _____

Business or Trading Name: _____

Address: _____

Phone : _____ email: _____

Make & Model of MR: _____ Series _____ Manufacture Date: _____

Field Strength : _____ Tesla. Type of Magnet: _____ Software Level _____

Software Platforms include : _____

Describe any upgrades _____

Number of Consoles? _____ Workstation: _____

Number of Coils? _____ Please list coils: _____

Please List all accessories: _____

MRI Computer Model: _____ Type of Archiving: MOD / Magnetic Tape / PACS? (please circle)

Is the system installed and in good working order YES / NO

Please describe any known problems _____

Are service records, operation manuals and image samples available YES / NO

Are you able to provide photographs? YES / NO

When is the system to be removed? _____ Is the MRI in a ground floor location? YES / NO

Who is handling the building works _____ Asking price \$ _____

Any additional comments: _____