

# ORIGIN Industries

Phone: (02) 9817 0955 Fax: (02) 9817 0865

## MRI 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: _____		
Phone : _____	Fax : _____	email: _____

Manufacturer & Model: \_\_\_\_\_ Manufacture Date: \_\_\_\_\_

Field Strength : \_\_\_\_\_ Tesla. Type of Magnet: \_\_\_\_\_ Shielding: Active or Passive

Software Level \_\_\_\_\_ Software Platforms include : \_\_\_\_\_

Single Console or Dual Consoles? (please circle) Workstation: \_\_\_\_\_

Number of Coils? \_\_\_\_\_ Please list coils: \_\_\_\_\_

Please List all accessories: \_\_\_\_\_

Computer Model: \_\_\_\_\_ Is the magnet cold or ambient? \_\_\_\_\_

Type of Archiving: Optical Disk / Magnetic Tape / Floppy Disk ? (please circle)

Camera/Laser imager included?: YES / NO Manufacturer and Model \_\_\_\_\_

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

Please describe any known problems \_\_\_\_\_

Are service records, manuals and film samples available YES / NO

When is the system available: \_\_\_\_\_ Asking Price \$ \_\_\_\_\_

Is the MRI in a ground floor location ? YES / NO

With what are you replacing the system? \_\_\_\_\_

Would you be interested in a preloved unit? \_\_\_\_\_