

## MRI CENTRE DETAILS FOR FERRISCAN<sup>®</sup>

Please provide us with the details of the primary Radiographer/Radiologist/Technician who will be performing FerriScan. *Please note:* The FerriScan Phantom Pack (required for scanner set-up) will be sent to the person and address below

Mr / Mrs / Ms / Dr (Please circle)

Name (Mr/Mrs/Ms/Dr).....

Job Title.....

Address (Street Number & Name).....

(Suburb/Area).....

(City).....(Zip/Post Code).....

(State).....(Country).....

Telephone Number (include area code).....

Fax Number (include area code).....

Email Address.....

Please provide us with details of **AT LEAST** one other Radiographer/Radiologist/Technician who may require a login and password to lodge jobs and access results on the FerriScan Analysis Service Tracking system (FAST)

1. Mr / Mrs / Ms / Dr (Please circle)

Name.....

Job Title.....

Telephone Number (include area code).....

Email Address.....

2. Mr / Mrs / Ms / Dr (Please circle)

Name.....

Job Title.....

Telephone Number (include area code).....

Email Address.....

3. Mr / Mrs / Ms / Dr (Please circle)

Name.....

Job Title.....

Telephone Number (include area code).....

Email Address.....

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Please provide us with the details of CLINICIANS who may be referring patients for FerriScan Analysis. The name of the referring clinician will be printed on the patient's FerriScan Report, so please ensure correct details are provided.

1. Mr / Mrs / Ms / Dr / Prof (Please circle)  
Name.....  
Email Address.....  
Speciality.....  
Telephone Number (include area code).....

2. Mr / Mrs / Ms / Dr / Prof (Please circle)  
Name.....  
Email Address.....  
Speciality.....  
Telephone Number (include area code).....

3. Mr / Mrs / Ms / Dr / Prof (Please circle)  
Name.....  
Email Address.....  
Speciality.....  
Telephone Number (include area code).....

4. Mr / Mrs / Ms / Dr / Prof (Please circle)  
Name.....  
Email Address.....  
Speciality.....  
Telephone Number (include area code).....

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Please email, fax or mail this form to Resonance Health:

**Email:** [info@ferriscan.com](mailto:info@ferriscan.com) **Fax:** +61 8 9286 1179.... **Mail:** PO Box 1135, Nedlands WA 6909 Australia.

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