

FERRISCAN[®] MRI CENTRE EXPRESSION OF INTEREST FORM

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

Position.....

Organisation.....

Street Address.....

Suburb/Area..... Post/Zip Code.....

City..... Country.....

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

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

Email Address.....

1. What field strength is your scanner?

3T 1.5T 1.0T 0.5T Other, please specify.....

2. Who is the manufacturer?

Siemens Philips GE Other, please specify.....

3. What is the model of your scanner?.....

4. What software level are you running on your scanner?.....

5. Is your scanner equipped with a torso/chest/abdomen surface receiver coil?

Yes No

6. Can you export images in DICOM 3 format? Yes No

7. Can you send/push images to an external DICOM receiver? Yes No

8. Can you transfer images to a networked computer with an internet connection?

Yes No

Thank you for your interest in FerriScan. We will be in contact with you shortly regarding the set up of FerriScan at your MRI Centre. In the meantime, please visit our website at www.resonancehealth.com for further information.

Please forward this form to Resonance Health:

Fax: +61 8 9286 1179 Email: info@ferriscan.com Mail: PO Box 1135, Nedlands WA 6909 Australia.