



**Alpha Imaging**

Solutions for Your Medical Imaging Needs

# Applications Request Form Questionnaire/Worksheet

Alpha Imaging LLC ~ 4455 Glenbrook Road Willoughby Ohio 44094 ~ (800) 331-7327 ~ applications@alpha-imaging.com

## Dealer/Customer Information

Date: \_\_\_\_\_ Demo \_\_\_\_\_ New Install \_\_\_\_\_ Requested Applications Date(s): \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

## Applications Location Information

Hospital/Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Director/Manager: \_\_\_\_\_ Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

May we contact the Director/Manager?  Yes  No Department Phone # : \_\_\_\_\_

## Equipment Information

Equipment Type: \_\_\_\_\_ Date(s) of Delivery: \_\_\_\_\_ Date(s) of Install: \_\_\_\_\_

Flat Panel Detector?  Yes  No Type:  Aero  40EC  40EG  55C  55G  60C  60G  70C  80C

Equipment Configuration: \_\_\_\_\_

## Applications Planning Information

Does Facility Use Vendor Credentialing Service?:  Yes  No If yes, which one?: \_\_\_\_\_

Sales Rep: \_\_\_\_\_ Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Lead FSE: \_\_\_\_\_ Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Brief Description of Exams To Be Performed: \_\_\_\_\_

Number of People To Be Trained: \_\_\_\_\_ Will Follow-Up Applications Be Included?:  Yes  No If yes, how many days? \_\_\_\_\_

## Additional Information

Additional Comments/Questions:

Email Completed Form to: applications@alpha-imaging.com Name \_\_\_\_\_ Date \_\_\_\_\_