



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

Dealer/Customer Information

Date: _____ 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? _____

Applications Scheduling Authorization

Additional Comments/Questions:

Please Authorize and Sign this Request

Name of Responsible Authority

Title

Email Completed Form to: applications@alpha-imaging.com

Signature

Date