

Imaging Center Information

Smith & Nephew sales rep _____

Referring surgeon _____

Diagnostic center name _____

Available: MRI X-Ray (Full-Leg) Both MRI & X-Ray (Full-Leg)

Address _____

City/State/Zip _____

Primary contact (lead tech or supervisor) _____

Phone _____

E-mail _____

Secondary contact _____

Phone _____

E-mail _____

Type of MRI hardware (eg, GE Signa Excite 1.5T 12 HDX SR120, 16 Channel Capable, 1.5T Quad Extremity Coil)

Types of coils available (to assess a field of view (FOV) capability) (eg, 1.5T Quad extremity coil with 17cm FOV)

Software available/used for the MRI (eg, V11 software) _____

Can the booking time be extended in case our protocol requires more time? Yes No

If full-length standing X-Rays will not be taken at the center above, please list contact information where X-Rays will be taken.

Diagnostic center name _____

Address _____

City/State/Zip _____

Primary contact (lead tech or supervisor) _____

Phone _____

E-mail _____

Secondary contact _____

Phone _____

E-mail _____

Please send completed forms to visionairesupport@smith-nephew.com or fax to 1-888-399-4198.



Simplified surgery.
Personalized performance.