

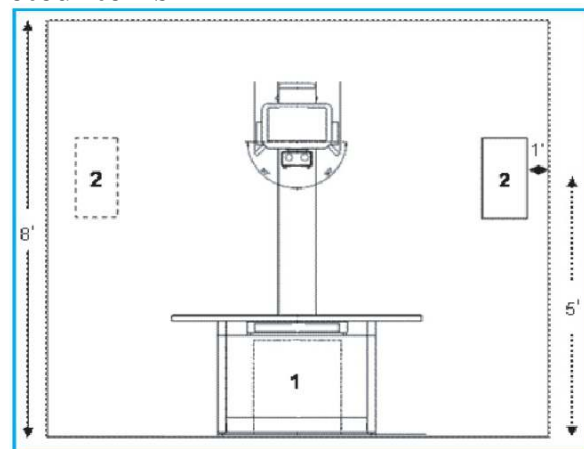
Pre-Install Sign Off For Clear Ray 1700 System

Dear Customer;

The Check list below is required before scheduling the installation of your new digital X-Ray System. Please read and make sure that your X-Ray Room is ready. Please check off completed items, sign and fax to 949-679-2882. Please note that we cannot schedule your installation until we receive your complete and signed form.

Please Check off boxes for completed items

Structural Requirements	
	Minimum Size Requirements- 7.7' w x 6' x 7.2' h
	Recommended Room Requirements – 9' w x 8' d x 8' h
	Room is complete with dry wall and paint.
	All Door opening into X-Ray Room are 30" wide.
	Acoustic Ceiling tiles installed.
	Floor Covering complete.
	Cabinet, molding and fixtures installed.
	Radiation protection such as lead shielding (if required) installed.



Electrical Requirements

Consult your electrician on these requirements

	Safety disconnect is required and should be placed above the generator. (See Drawings)
	Safety disconnect should be 5' from the ground (See Drawings)
	Safety disconnect should have a true earth grounding wire going back to the main panel Additional empty ground lug for 6 AWG wire required
	Appropriate wire size used from main to safety disconnect: <ul style="list-style-type: none"> <input type="checkbox"/> For Runs 0' to 50' wire size 2 AWG recommended <input type="checkbox"/> For Runs 51' to 100' wire size 1/0 AWG recommended Run Length are from the building main electrical panel to room mounted safety disconnect. For longer runs please call for recommendations
	All wire sizes stated above are for copper wire
	Single phase requires 80 Amp safety disconnect (208 VAC to 240 VAC)
	Available Power Outlets (2 minimum)



Pre-Install Sign Off For New Digital Systems

Dear Customer;

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Network and Telecommunications Requirements

	Network drop in X-Ray Room
	Internet access in X-Ray Room
	Telephone in X-Ray Room

General Notes

- | | |
|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> All systems come with single phase generator unless otherwise ordered.<input type="checkbox"/> For shielding requirement in your state please visit http://www.crcpd.org/Map/default.aspx<input type="checkbox"/> For rooms smaller in size than the minimum please call for options.<input type="checkbox"/> Please inspect all delivered materials for any damage and note it on the delivery receipt. | <ul style="list-style-type: none"><input type="checkbox"/> If during the delivery, damage occurred to your building, you must document the damage and sign the delivery receipt.<input type="checkbox"/> To avoid charges, please make sure all requirements are completed before the scheduled day of installation.<input type="checkbox"/> For question or to contact Medicatech USA please Call: 800-817-5030 |
|--|--|

- **Practice Name:** _____
- **Printed Name:** _____
- **Title:** _____
- **Practice Phone Number:** _____ - _____ - _____
- **Date:** ____/____/____
- **Signature:** _____

After completing this form, Please Sign and Fax to (949) 679-2882