

Dental Cone Beam CT Proposal

INSTRUCTIONS: Please fill out *all fields* of the form below, sign and fax to Bio-Med Associates at: 908-788-6757

I am pleased to present you with this proposal for Radiological/Health Physics services.

Bio-Med Associates will perform an annual Cone Beam Dental CT QC Survey on your equipment in full compliance with all State and FDA regulations. This will assure that the equipment complies with all radiation safety regulations, and equipment performance specifications and regulations. Measurements of radiation levels will be made inside and outside the room (if necessary). The regulated machine performance parameters including dose, contrast scale, CT number of water, field uniformity, low contrast resolution, high contrast resolution, and noise measurements will be performed. Representative scan protocols and the technologist quality control will be reviewed.

Most units can usually be completed in three - four hours. In order to expedite the physics evaluation, a service engineer from the CT dental Company should be available during initial evaluation. The assistance of a CT dental technologist will be required during the visit. To establish a new QA program an additional one to two hours may be required, depending on the level of training required by your staff. Please review the attached equipment list that you will need to implement the program. A copy of the most recent radiation protection survey must be available for review. Additional visits may be necessary if the equipment or complete technologist's QC program is not available during the physicist's visit.

The current fee for this service is \$300.00 per hour. There is a three hour minimum for site visits. Routine service is 9 a.m. to 5 p.m., however, other times are available upon request. Payment is required upon completion of service. Upon receipt of payment your official report will be sent to you within one business day. A small surcharge is required for credit card payments. Payments made thirty days past the due date are subject to 2% per month finance charge. If collection becomes necessary the facility and/or President/CEO named below will be responsible for the principal amount due, all collection costs, all finance charges, and all attorney fees. Our fees are revised annually.

You will be advised of the date and time of each of the physicist's visits. If this needs to be changed, please provide two weeks' notice. Cancellations are subject to a 3 hour fee.

For new installations located in New Jersey, the State of New Jersey requires that the report address the availability of existing structural shielding (e.g. Lead). The report will be rejected if the information is not provided. To expedite submission of the report, please have a detailed, scale drawing that specifies existing shielding for review at the time of the visit.

In addition the facility agrees not to solicit or hire any employee or individual under contract with Bio-Med Associates, Inc., at any time for any service without written permission from Bio-Med Associates, Inc.

Please sign below, **attach copies of your machine registration(s) if located in New Jersey**, and fax or mail at your earliest convenience to schedule service. This proposal is valid until for 60 days. Thank you for the opportunity of presenting this proposal. If I can be of further assistance, please feel free to contact me.

Sincerely,

BIO-MED ASSOCIATES, INC.
Robert J. Ziegler, M.S.
President

President/CEO signature: _____ **Date:** _____

President/CEO name (please print): _____ **Title:** _____

Facility Name: _____

Address: _____ **Phone #:** _____

Email Address: _____ **Fax #:** _____

Equipment Manufacturer: _____ **Model:** _____

NJ State Registration # (please attach registration documentation): _____

FACILITY MUST SUPPLY THE FOLLOWING at time of service: QA phantom, QA software, and QA manual must be provided by manufacturer; User Manuals & Technical manuals; Individual responsible for QC (and access to passwords to operate QC programs)