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Ultrasound Trade-In Form

Request Date _____ Customer # _____
 Company: _____ Contact: _____
 Address: _____
 Phone: _____ Fax: _____
 E-mail: _____

Ultrasound Make & Model

- Hewlett Packard Age: _____ Model: _____ Power Requirement 120V 208V
- Acuson Age: _____ Model: _____ Power Requirement 120V 208V
- GE Age: _____ Model: _____ Power Requirement 120V 208V
- ATL Age: _____ Model: _____ Power Requirement 120V 208V
- Other Age: _____ Model: _____ Power Requirement 120V 208V

Revision Software _____

Ultrasound Accessories

- VCR Manufacturer _____ Model _____ S/N _____
- Color Printer Manufacturer _____ Model _____ S/N _____
- B/W Printer Manufacturer _____ Model _____ S/N _____
- Storage Manufacturer _____ Model _____ S/N _____
- Optical Drive Yes No
- Other _____

Ultrasound Transducers

Make _____ Model _____ Frequency _____
 Make _____ Model _____ Frequency _____
 Make _____ Model _____ Frequency _____
 Make _____ Model _____ Frequency _____

Special Features

Stress Echo Integrated Non-Integrated Software Only
 Harmonics Yes No Type _____

Ultrasound Working Order

Excellent Good Poor Not Working

Is the ultrasound currently under a service contract? Yes No

Has the ultrasound ever been under a service contract? Yes No

Other _____

The information I have supplied regarding the ultrasound equipment listed is true and stated to the best of my knowledge. I understand that any information provided proves false may result in cancellation or return of sale.

Signature _____ Date _____