



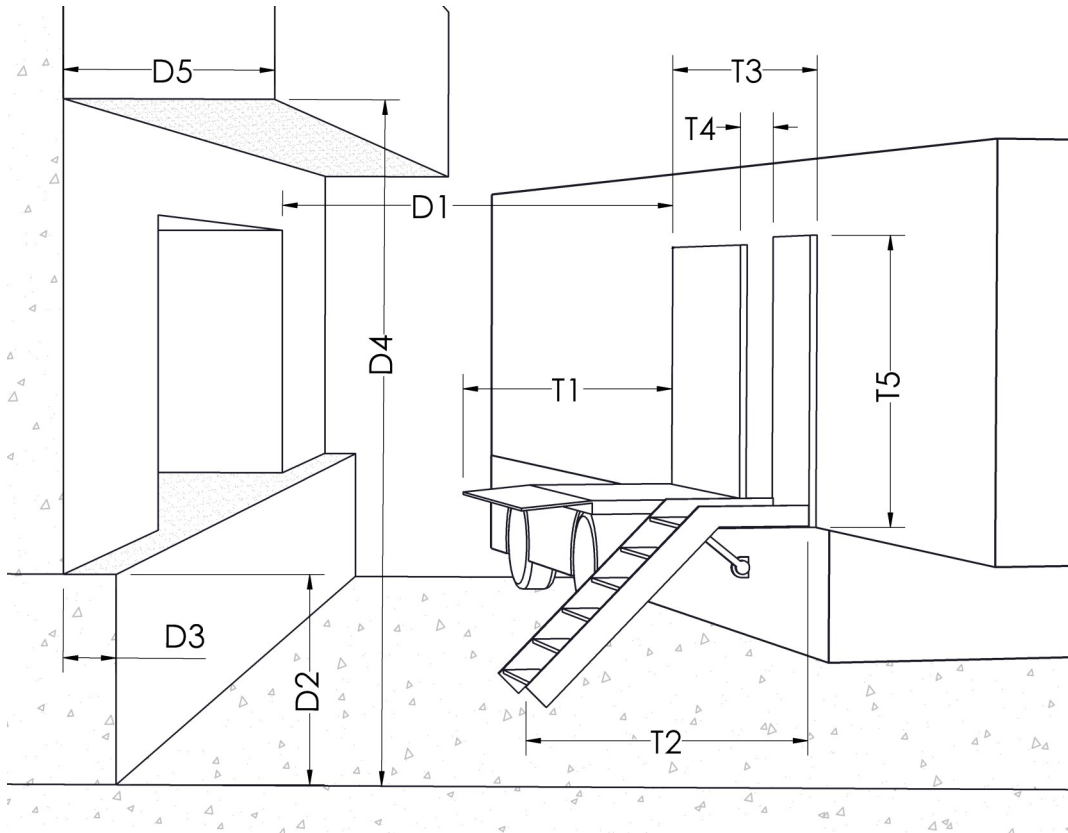
Company Name: _____ Date: _____

Contact Person: _____ Job Name: _____

Telephone: (____) _____ Fax: (____) _____ Mobile: (____) _____

Address: _____

City: _____ State: _____ Zip: _____



APPLICATION DETAILS:

New Construction or Replacement? _____

Building Entrance Material: Concrete: ___ Brick: ___ Siding: ___ Steel: ___ Glass: ___ Other: _____

Hospital Entrance (Circle one): Ground Level / Dock Level

Hospital Opening Door Size: Height: _____ Width: _____ Left Clearance: _____ Right Clearance: _____

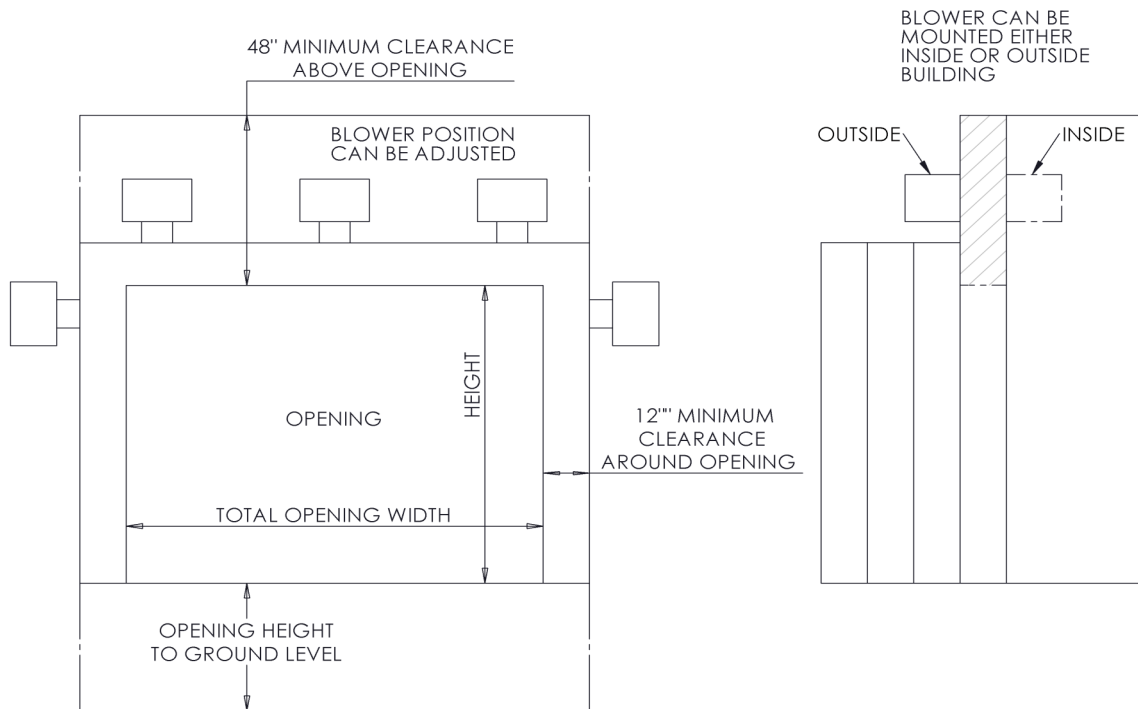
Overhead Clearance: _____

Distance Parked from Wall (D1): _____ Dock Height (D2): _____ Dock Cantilever (D3): _____

Overhand Height from Ground (D4): _____ Overhang Projection (D5): _____

Lift Clearance (T1): _____ Stair Clearance (T2): _____ Total Width of Trailer Doors (T3): _____

Distance Between Trailer Doors (T4): _____ Trailer Door Height (T5): _____



Sealing the Trailer:

Patient Lift Only: _____ Patient Lift and Personnel Door: _____

Medical Facility Door Type: _____

(ie: Personnel door, Overhead door, open entrance, etc.)

Patient Transport:

Lifted from ground level: _____ MRI trailer lift: _____

Suspension System:

Metal Hood with Track & Trolley: _____ Track & Trolley: _____

Replacement Unit:

Unit Height: _____ Width: _____ Projection: _____

Existing Suspension Type? _____

Blower Unit Location (please mark on the above drawing): _____

Inside or Outside: _____ or New Location: _____

How many sides for MRI AIR shelter: 3 sided or 4 sided? _____ **Removable bottom?** YES___ NO___

Please submit photos by email: info@permatechinc.com and additional information from architect or general contractor.

NOTES ABOUT FACILITY LOCATION: