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Where Have All the Nurses Gone?
A bad situation looks to get worse

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Certified Radiology Administrator Examination Results
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C-arm Sales & Service
What will happen when OEC comes back?

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Letter from the Editor

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Hospital & Health News

What’s New

People & Companies

Old Into Gold

Marketplace & Classifieds

Blue Book Price Guide
Has the Imaging Reimbursement Tide Turned?

Medicare ruled on March 12th that it will not reduce or eliminate reimbursements for CT angiography (CTA) procedures as had been proposed. The outpouring of objections from radiologists and cardiologists during the comment period were effective at killing the proposal. Approximately 350 stakeholders stated that using cardiac CTA saves money and reduces the number of invasive cardiac catheterizations and/or other diagnostic tests.

We at DOTmed.com have spoken up repeatedly since the 2005 DRA imaging reimbursement cuts went into effect in 2007, stating that those cuts were seriously misguided.

We’ve been chanting our mantra, “Detection is the key to prevention,” for over a year now – both in these pages and in our Online News. We’ve also helped promote the efforts of the AMIC, AQI, and other professional organizations that oppose the DRA cuts. We’ve noted their small victories in the past, mainly in forestalling and delaying additional cuts.

But the recent action by Medicare has been the first clear-cut victory for healthcare providers since this battle began. The cardiology and radiology community is breathing a sigh of relief today, and we hope it’s a sign that the tide has truly turned.

We believe the ultimate cost to treat people whose illnesses go undetected until they are in an advanced stage will be many, many times more than the so-called “savings” the Government will realize from the DRA cuts. And that’s not to mention the cost in human suffering and pain.

Since it was the voice of the people that made a difference this time, we urge all those in the healthcare community to take heart from the CTA decision and keep up the fight to roll back the cuts.

Robert Garment
Executive Editor
DOTmed Business News

Note: Colby Coates, Editor-in-Chief, was in the hospital during the production of the April issue, but is recuperating at home now. We expect him to be back at work soon, and ask that you wish him well.
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letters to the editor

BMET: Not a Great Career?

Sorry, I disagree with the news folks predicting that becoming a Biomedical Equipment Technician (BMET) is a great career.

First, the AAMI or ICC hasn’t pushed for BMET’s to be certified, like RN’s are registered. The BMET career won’t have the significance of nursing until it is a certification requirement.

Secondly, general medical devices are becoming either “throw away” or fix on a phone line with the nurse on duty. BMET’s in the future will have to be specialized to work specifically on CT or MRI cardiac cath labs and other money making areas. The lab and hospital equip doesn’t pay enough and not requiring certification makes it even less necessary.

Sorry for the bad news, but that’s the way it is.

Steve Arey CRES, CBET

Medical Trailer Eye-opener

Thanks for your informative story on medical trailers in the April issue. With the tight economic conditions facing imaging centers like mine, we need all the input we can get on renting vs. leasing vs. buying – a couple of years ago we wouldn’t have thought twice about upgrading. Thanks too for opening my eyes to players in the field I hadn’t known about.

Katherine Malvose
Imageworks, Boston, MA

Re: ER Radiation Exposure Alarming

I’m a radiologist-attorney in Cedar Rapids, Iowa. I’ve practiced for nearly 30 years. This overuse of imaging, especially through the ER is just one of the many “dirty little secrets” that is finally getting some sunshine. The causes are fairly simple: hospitals are strongly motivated to misuse these technologies which, for most hospitals, are highly lucrative and a key revenue source to cross-subsidize money losing operations in other parts of the hospital.

Hospitals increasingly use nurse practitioners and PA’s who are employees, and who understand that ordering lab and x-ray accrues to the bottom line. Nurse practitioners and PA’s are uniquely limited in their skill sets to understand how to properly use imaging. These folks commonly order x-ray and CT on patients who have no significant clinical findings and who do not need x-rays. Not a single hour goes by, ever, that I’m not reading studies ordered by nurse practitioners and PA’s that are marginal to worthless. And finally there is the ever-popular excuse the exam is done to avoid EMTALA obligations. This is a joke, pure and simple to justify ordering imaging studies that have no legitimate clinical basis in performing. It’s just an excuse. The part of the equation that must be addressed is the universal fear (often irrational) of being sued. This does have a profound influence on physician behavior and can be used as a convenient shield for those organizations and practitioners who are financially motivated to overuse CT, MRI and x-ray to generate income. The article on the gross misuse of CT (New England Journal of Medicine) only underscores the danger in cumulative radiation exposure to future generations. Are CT’s and MRI’s helpful? Unquestionably! Can they save lives and shorten patient evaluations? Absolutely! But are they overused and misused, often just to generate income? You can bet your life on it.

Thanks.

Craig Clark MS, MD, JD
Cedar Rapids, Iowa.
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Medicare Nixes CTA Cuts

Medicare (CMS) decided in March that it will not reduce or eliminate reimbursements for CT angiography (CTA) as had been proposed. The cardiology and radiology community is breathing a sigh of relief, particularly in the wake of the 2007 cuts in imaging center reimbursements under the Deficit Reduction Act.

The proposal had called for eliminating reimbursement for CTA, although exceptions were included for clinical trials and two other indications.

The outpouring of objections from radiologists and cardiologists during the comment period were effective at killing the proposal. Approximately 350 commenters stated that using cardiac CTA saves money and reduces the number of invasive cardiac catheterizations and/or other diagnostic tests. The proposal would have “drastically limited patient access to cardiac-computed-tomography angiography (CCTA) - an extremely important medical imaging tool that detects coronary artery disease (CAD) non-invasively, eliminating the need for surgery or catheterization,” according to the Medical Imaging & Technology Alliance (MITA).

“This revised decision will benefit countless Americans who would have been needlessly subjected to more invasive and expensive in-patient procedures if CMS’ proposed decision had been accepted,” said Andrew Whitman, Vice President of MITA.

● dotmed.com [DM 5613]

Medicare Selects National Government Services to Handle Claims

The Centers for Medicare & Medicaid Services (CMS) recently announced that National Government Services (NGS) has been awarded a contract of up to five years for the combined administration of Part A and Part B Medicare claims payment in Connecticut and New York.

“This is another step toward improving service to beneficiaries and health care providers, as well as giving CMS greater oversight of the Medicare contractors that process and pay Medicare claims,” said Acting CMS Administrator Kerry Weems. “In awarding these contracts, CMS is ensuring that each Medicare contractor continues to provide the best overall value to the government, and the American taxpayers, from both a cost and technical perspective.”

NGS will serve as the first point of contact for the processing and payment of Medicare fee-for-service claims from hospitals, skilled nursing facilities, physicians and other health care practitioners in the two states. The new Part A/Part B Medicare Administrative Contractor (A/B MAC) was selected using competitive procedures in accordance with federal procurement rules.

As the A/B MAC contractor, NGS will immediately begin implementation activities and will assume full responsibility for the claims processing work in its two-state jurisdiction no later than November 2008.

● dotmed.com [DM 5634]

Senate Committee Investigates Med Device Company-Surgeon Conflict of Interest

A Senate Special Committee has been examining improper relationships between medical device manufacturing companies and surgeons. On February 27 of this year, the Senate Special Committee on Aging held a hearing on unethical business practices within the medical device industry. The Committee has previously investigated physician/company dealings, and contends that conflicts of interest are prevalent throughout the medical device industry. The problems alleged include company rewards to physicians such as consultant fees, travel gifts, educational grants, and payment for clinical studies. Such rewards
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can influence medical decisions and recommendations, and even violate federal anti-kickback and/or self-referral statutes.

Committee Chairman Herb Kohl (D-WI) stated that physicians were as culpable as the medical device industry, and that patients’ best interest may be compromised by influential relationships. The Committee interviewed surgeons and industry representatives during the hearing. Surgeon-owned medical device companies were also considered to have potential conflicts. Some physicians claimed to investigators that certain medical companies avoided working with them upon the physicians’ refusal to accept financial gifts.

Due to growing concerns over possible conflicts of interest, Senator Kohl and Senator Chuck Grassley (R-IA) have sponsored proposed legislation called the Physician Payment Sunshine Act. The Sunshine Act would require pharmaceutical, medical device and biotechnology manufacturers to disclose the monetary amount of economic benefits given to doctors through such means as payments, gifts, honoraria, entertainment, and travel. Major medical device manufacturing companies are supporting this Act, including Medtronic Inc. and the industry group AdvaMed.

CT Colonography Endorsed by ACR, ACS

The American College of Radiology (ACR) concurs with the American Cancer Society (ACS) that the latest published research and preliminary results of recently completed trials support the inclusion of Computed Tomographic Colonography (CTC) - also known as virtual colonoscopy - as a front-line screening exam for colorectal cancer.

In the first-ever joint consensus guidelines for colorectal cancer screening, released jointly by the ACS, ACR, and the U.S. Multi-Society Task Force on Colorectal Cancer (a group that comprises representatives from the American College of Gastroenterology, American Gastroenterological Association, and American Society for Gastrointestinal Endoscopy), CTC now is included as one of several options for colorectal cancer screening and prevention in average-risk adults age 50 years and older and recommended to be received once every five years.

“CT colonography, as a minimally invasive exam, can potentially encourage many more people to choose to be screened for colorectal cancer. This could result in early detection of the disease for more patients, increasing the chance of successful treatment, and potentially reduce colorectal cancer deaths nationwide,” said Arl Van Moore Jr., M.D., FACP, chair of the ACR Board of Chancellors.
Results of the National CT Colonography Trial coordinated by the American College of Radiology Imaging Network (ACRIN) and presented at the 2007 ACRIN Fall Meeting suggest CTC is comparable to optical colonoscopy for the detection of cancer and clinically significant polyps when state-of-the-art techniques are applied and images are read by radiologists trained in the procedure. Results of the ACRIN trial are expected to be published later this spring.

“Radiologists are undergoing the latest training and education to remain at the cutting edge of this technology. The ACR has taken, and continues to take, steps to standardize the performance and interpretation of this examination nationwide, in order to ensure that patients receive the highest quality care,” said Moorz.

• dotmed.com [DM 5579]
FDA Takes Next Step in Establishing Presence in China

In an important development, the U.S. Food and Drug Administration has received approval from the U.S. State Department to establish eight full time permanent FDA positions at U.S. diplomatic posts in the People’s Republic of China, pending authorization from the Chinese government.

This is an important step forward in the FDA’s plans to hire and place FDA staff in China over the next 18 months. In addition, the FDA will be hiring a total of five local Chinese nationals to work with the new FDA staff at the U.S. Embassy in Beijing and the U.S. Consulates General in Shanghai and Guangzhou.

“In an age when a border is not a barrier, the globalized economy demands nothing less than heightened regulatory interoperability, information exchange, and cooperation, especially on product quality and enforcement matters,” said Murray M. Lumpkin, M.D., Deputy Commissioner for International and Special Programs, FDA. “Along with the important Memoranda of Agreement signed with two FDA counterpart Chinese agencies, our efforts to fill permanent FDA positions in China are a significant step toward ensuring access to safe food, drugs, and medical devices in the global market.”

Building the FDA’s capacity outside of the United States supports the agency’s “Beyond our Borders” initiative. The initiative facilitates the building of stronger cooperative relationships with the FDA’s counterpart agencies around the world and enhanced technical cooperation with foreign regulators. The permanent overseas offices in China will also allow greater access for inspections and greater interactions with manufacturers to help assure that products that are shipped to the United States meet U.S. standards for safety and manufacturing quality.

● dotmed.com [DM 5630]
Philips Offers Improved Ultrasound for Obese Patients

The rising prevalence of obesity in the U.S. and globally has challenged ultrasound systems to penetrate fatty tissue more effectively to obtain diagnostic views. Up to half of all abdominal ultrasound exams are conducted on large patients.

Fortunately, this technical challenge coincides with some cutting-edge R&D from Philips to develop a new type of crystal that can penetrate fatty tissue to reveal the pathology beneath.

It’s helpful to understand that ultrasound transducers use a piezoelectric material to deliver the ultrasound energy to the scanned tissue and convert resulting echoes into electrical signals. However, today’s widely used crystal type, known as PZT, has its limitations, achieving only about 70% efficiency. A better type of piezocrystal has been discovered but has proven difficult to grow. Philips engineers have been working on this problem and made recent breakthroughs in both crystal growth and crystal properties. The result is a crystal technology they call PureWave, which are purer and more uniform crystals that can transfer energy with greater precision and efficiency. This material supports improved penetration in difficult patients and excellent detail of the heart’s fine structures. The technology can also be used in applications other than cardiac imaging.

The Philips technologies that tap this innovation include the iU22 ultrasound system with the C5-1 transducer. Features of the system include tissue aberration correction and a functionality known as coded beamforming to reduce image degradation.

The chief challenge with obese patients is when their livers and other abdominal organs are more than 5 centimeters deep; the prevalence of fat and fatty livers are difficult to characterize. Using conventional ultrasound technology, it takes longer to perform the imaging study on difficult patients and they are ergonomically difficult for sonographers to manipulate. The image itself is degraded by changes in sound wave transmission through fat. So the image loses resolution.

Philips has reduced the beam aberration problem. The C5-1 transducer accommodates the change in speed of sound waves as they move through adipose layers. In a sense, the technology is “aware” of the effect of fat on sound waves and uses correction algorithms to provide a sharp image.

● dotmed.com [DM 5647]
Prostate Cancer Linked to Low-Fat and Nonfat Milk

The American Journal of Epidemiology published two studies showing that there is a positive correlation between nonfat and low-fat milk consumption and the risk of prostate cancer.

In one study, questionnaires were filled out by 82,483 men in the Multiethnic Cohort Study – 4,404 of whom developed prostate cancer over a mean follow-up of eight years. Consuming one cup or more per day of low-fat or nonfat milk showed a positive link for developing prostate cancer. On the other hand, consuming whole milk showed a decreased risk for total prostate cancer. This includes non-advanced, advanced and fatal cases.

There was no association between calcium and vitamin D intake and prostate cancer risk, whether taken in food or supplements.

A total of 293,888 participants were assessed in another study of the National Institutes of Health (NIH)-AARP Diet and Health. In this study, 10,180 were prostate cancer patients. Skim milk consumption at two or more servings per day was positively linked to an increased risk of advanced prostate cancer.

GE Healthcare to Supply MRI at Beijing 2008 Olympic Games

GE Healthcare has announced it will be the sole supplier of Magnetic Resonance Imaging (MRI) technology at the Beijing 2008 Olympic Games.
2008 Olympic Games. Two of GE Healthcare’s advanced technology Signa HD®e 1.5T MRIs will be installed at the Olympic Village General Hospital, and will be accessible to all international athletes competing during the Games.

With the development of new MRI systems and techniques over the past five to ten years, GE Healthcare’s MRI technologies have become a valuable tool for diagnosing sports related injuries. They have been showcased already at the Torino 2006 Olympic Winter Games, alongside some other medical imaging devices offering a complete medical solution for athletes.

“We are very pleased to be the sole supplier of MRI equipment for the Beijing 2008 Olympic Games. Using GE Healthcare technology and expertise, clinicians can detect and diagnose injury and disease earlier and ensure better patient care. All athletes run a risk of injury and our experience in sports medicine, as well as our customer feedback, tells us how important it has become for athletes to have advanced MR technology, such as the Signa HD®e 1.5T, on-site during training and competition at the Olympic Village General Hospital” commented Chih Chen, President of GE Healthcare China.

In addition, GE Healthcare’s Signa HD®e 1.5T will help clinicians at the Olympic Village General Hospital not only benefit from high-definition images, but also decreased operation costs (water, electricity, liquid helium,) by up to 40 percent.

● dotmed.com [DM 5565]

New Alzheimer’s Screening Test Directly Measures Patients’ Cognition

Neuronetrix has recently introduced a pioneering brain scanning system called COGNISION™, which accurately detects indicators of Alzheimer’s disease. The system assesses brainwaves through a technology known as event-related potentials (ERP’s). COGNISION has been implemented in a study of Alzheimer patients beginning this year in the University of Kentucky Sanders-Brown Center on Aging. Following the initial study, the system will be evaluated at various Alzheimer’s Centers of Excellence throughout the country. The Sanders-Brown Center is one of 32 such Centers.

COGNISION’s particular system is innovative in being the first approved scan to directly measure the cognitive abilities of the patient. The founders of Neuronetrix have noted that one of the major difficulties in Alzheimer’s treatment is the gap between onset of the disease and diagnoses, due to the challenges in diagnoses. Standard Alzheimer’s tests use surrogate biomarkers that do not always accurately correlate with the disease. (Other measures include mental status testing and autopsy.) COGNISION’s direct measure actually detects cognitive deficits that are known to be Alzheimer’s related.

The brain scan involves an intricate headset that records brain activity in response to auditory stimulus. After patients complete the scan, the data received is analyzed through a database containing a pattern recognition engine. This database links the patients’ ERP scans with previously known Alzheimer’s brainwave patterns.

● dotmed.com [DM 5626]
Everyone in healthcare has been aware for years that there is a shortage of nurses. But now Cheryl Peterson, senior policy fellow, American Nursing Association, calls the current situation “The Perfect Storm.”

“Nurses are getting older,” she begins, their average age reported to be between 43 and 46. “Those nurses are beginning to retire and there are not enough senior nurses left to continue teaching. At the same time, funding for nursing education is being cut just as millions of baby boomers are starting to utilize medical facilities.”

The American Association of Colleges of Nursing (AACN) recently took the temperature of the nursing shortage indicators and the numbers, from varying sources, are staggering:

• According to the February 2007 *Health Affairs*, the shortage of registered nurses will increase to 340,000 by 2020, three times the current rate.
• They also report that 55 percent of nurses surveyed by *Nursing Management* intend to retire between 2011 and 2020. The majority of them are highly trained nurse managers.
• All 50 states will experience a shortage to varying degrees by 2015.
• U.S. hospitals already need approximately 118,000 RNs to fill vacant posts nationwide, according to the American Hospital Association, with 49 percent of hospital CEOs noting “more difficulty in recruiting nurses.”
• According to the latest projections from the U.S. Bureau of Labor Statistics, more than 1.2 million new and replacement nurses will be needed by 2014. Government analysts project over 700,000 new RN positions will be created through 2014, but that will still leave nearly a quarter of the positions needed unfilled. Worth Noting: the average age of Baby Boomers will be 68.

Where Have All The Nurses Gone?

Nurses have been in short supply and high demand for a long time. And the situation looks to grow worse before it gets better.

By Jean B. Grillo
“It’s quite an unmanageable problem,” Peterson says, adding, “It’s been going on for years, resulting in a decline in ANA enrollment and a decline in nursing school applications, along with a deterioration of the work environment.”

“The RN shortage is worldwide,” says Lewis Freeman, a RN case manager at NYU Hospital for Joint Diseases. “Nursing is still considered a ‘hot’ profession,” he insists, “with many new opportunities for nurses opening in Homecare.” But that’s a high-tech job requiring IV infusions, chemo and wound care. New positions, such as Nurse Practitioners, also have been created, allowing nurses with advanced degrees to write prescriptions, among other “advanced” duties.

Europe is short of nurses, Freeman adds, and developing countries are actively seeking foreign RNs, especially from English-speaking countries. And those nurses from the Philippines, India and Africa that come to the U.S. are creating shortages in their own home countries.

**Reasons for Shortage are Complicated and Longstanding**

“The reasons are complicated,” Freeman explains, beginning with decisions made in the 1950s to downgrade nursing schools and create “associate” degree programs available at local two-year community colleges. Nursing education was no longer hospital-based with a Bachelor of Science in Nursing (BSN) no longer mandatory.

“All those (hospital) programs were closed,” Freeman says. “Nurses with four-year degrees felt they were no longer treated as professionals….Of course, those two-year nurse associates earned less. Today, we are paying for being so short-sighted.”

A nursing shortage is a lot like the weather: everybody talks about it, but nobody seems to know what to do about it. The ANA’s own in-house magazine, in March of 1998, ran a detailed article titled: New Nursing Shortage Hits: Causes Complex. Any alarms raised about quality care clashed with the shortage of cash, however. That same year, the ANA noted that California, for example, in 1998, waived nurses licensing requirements during its flu epidemic.” Then Governor Pete Wilson called it an “emergency care crisis.”

“As Chaos Builds, Nursing Professions Try to Respond

“By 2000, it was a fairly chaotic time,” Peterson says, and it was time for the ANA to respond. In 2001, the ANA joined with other autonomous nursing organizations such as the AACN, AONE, and NLN, in issuing a joint report: Strategies to Reverse the New Nursing Shortage, which focused on leadership for education, practice and research.

“We invested more heavily in nursing education by creating scholarships,” Peterson noted. “And we shifted our focus towards creating new teachers of nurses as nursing faculty got older.”

The nursing professions initiative has had success. “We now have a wait list of about 100,000 people who want to train as nurses. The problem is we don’t have the faculty.”

Indeed, by 2004, many men and women decided to choose
nursing as a new or second career. Health Affairs Journal reports that larger numbers of people in their late twenties and early thirties are entering the profession, far older and from different segments of the potential workforce than in the past.

Recruiting Success Clashes with Statehouse Cutbacks

At the same time, however, cash-strapped state governments began cutting back on college funding as they faced their own budget short-falls.

“We have the students but lack the capacity – the brick and mortar buildings and the labs do not stretch far enough,” she says.

“A major problem,” adds Lewis Freeman, “is the low pay for nursing teachers.

RNs start at around $50 to $60K a year, and despite 12-hour shifts, usually work three or four days week. “It’s hard for colleges to compete with that (kind of pay scale),” Freeman explains, adding, “Colleges need to expand and offer more competitive salaries for its nursing faculty.”

Megan Palmer, a highly-regarded intensive care nurse at NYU Medical, is a classic example of both the shortage and teaching issues.

Palmer is a “floating nurse.” She lives in Ohio, but three months of the year, NYU pays her to move to New York and “fill in.” On top of her salary, Palmer has her room and board and travel expenses covered. While her three-day weeks are often 12 to 15 hour shifts, it still allows her to perform at night in New York City bands.

Despite all those perks, however, Palmer says she really would love to teach nursing and does, back in Ohio. But the pay scale is miserable.

“I don’t mind the long hours and the difficulty of the work,” she says. “You know going in that is part of the job. It’s the lack of money.” According to Palmer, she still needs additional part time work to meet expenses.

Worse still, she could leave all together.

Poor Working Conditions Contribute to the Exodus

“The current work environment is not greatly sympathetic to keeping nurses,” Peterson says. “We have staffing problems, fueled by wages and working conditions that are not conducive (to nurse retention). Nurses are looking elsewhere for work and are finding it in surgery centers, out patient care, and home care. Hospitals just haven’t competed well, demanding weekends, holidays, and nighttime hours, which those other sources of employment do not.”

Extra duties required by the HMOs have cost hospitals plenty. According to Freeman, who works as an RN case manager, “My job is to communicate with the HMOs in order for a hospital to get reimbursed. The HMOs used to send their own RNs to do that. No more. Case Management Overtime is costing hospitals billions of dollars.”

One State College Answers the Nursing Education Shortfall

The Rhode Island College School of Nursing prides itself as rising to the task, despite all the obstacles. A state college that focuses primarily on teaching, in 1970, RIC created a separate department of nursing. Forty students applied. By
1999, that number grew to 156.

RIC achieved those numbers by making the program tougher. Funds were found to create a separate School of Nursing offering a BSN. Currently, over 400 students are enrolled, an enormous increase. Over 30 nursing faculty are on campus as full or assistant professors. A new masters program (MSN) is now available and the nursing college boasts a 95 percent pass rate for its students gaining nursing accreditation.

“That’s way above the national average,” explains Jane Williams, Dean, “Our students are getting prime jobs because we took the time to grow and earned an impressive reputation.”

Being a School of Nursing gives the RIC program “status we deserve,” but, Williams notes, “we also put a lot of effort into academics, tutoring and student retention. Nearly 75 percent of our students also have family and jobs. Yet 75 percent of our incoming freshmen graduate.” That’s an impressive number, given its demographics, but RIC is shooting for 80 percent or more.

Financial aid is key. Rhode Island College’s School of Nursing has over 30 separate scholarships and awards offering money for students pursuing specific areas of care, such as long-term care, health care, or oncology. Other awards aim for specific groups: such as the National Association of Hispanic Nurses Scholarship and the Minority Nurse Scholarship.

Dean Williams makes the case for college-trained nurses succinctly: “Records show that the patient mortality rate is highest among hospitals that have a low percentage of nurses with advanced degrees,” she notes.

According to Williams, certain specialties in nursing are particularly sought after by hospitals and other health care providers: pediatrics, gerontology, public health and acute care. Rhode Island College School of Nursing now has new Masters Degree programs in the last two. But it, too, fights the lack of trained faculty.

“Currently, we are fully staffed,” Dean Williams notes, “but as that faculty retires, we will have a real problem.”

“Records show that the patient mortality rate is highest among hospitals that have a low percentage of nurses with advanced degrees”
In a normal business environment, we would start this report by noting that the Millennium Research Group’s Global Markets Report for C-Arms 2008 stated that the U.S. market for fixed C-arm systems was estimated over $1.4 billion in 2007, and is expected to grow to over $1.8 billion in 2012.

But 2007 was not a normal year for C-arms.

The Initial Problem: GE/OEC & FDA

It is no secret that GE/OEC took a big hit in its C-arm market share (once estimated at 65 to 70 percent) in 2007, when the FDA revealed that CGMP (current good manufacturing practices) with the OEC C-arm were deficient at OEC facilities in Salt Lake City, Utah and Lawrence, Massachusetts.

That discovery led to a consent decree, signed in January 2007, that effectively shut down shipment of OEC products, including the 9900 Elite C-Arm System, 9900 Elite NAV C-Arm System, 9800 C-ARM System, 2800 UroView System, 6800 MiniView System, Insta-Trak 3500 NAV System and ENTrak 2500 NAV System, as well as components and accessories.

GE/OEC Now Waits Hopefully in The Wings

GE/OEC has been working diligently for more than a year to correct deficiencies, and the FDA has just finished an on-site review of OEC’s remedial actions. Sometime during the first week in April, the FDA is scheduled to deliver its decision as to whether GE can resume production, first at its Salt Lake City facility.

Peter McCabe, President and Chief Executive Officer of GE/OEC Medical Systems and GE Healthcare Surgery states, “I am hopeful that the FDA will report that we are in compliance with CGMP requirements very soon, and we are ready to go.” In fact, McCabe notes, the downtime has allowed GE/OEC to not only address and correct FDA’s concerns, “it has also allowed

All Eyes on the C-Arm Industry

With OEC poised to be re-certified, everybody’s looking to the future

By Joan Trombetti

Editor’s note: The FDA had not ruled on the re-certification of OEC’s manufacturing operations at the time this article went to the press.
us to take the time to improve on our C-arm products so the quality is the best it has ever been.”

**We’ll be back**

Since GE/OEC did have the lion’s share of the C-arm market, many in the field are wondering if they can get it back. McCabe is confident that customer loyalty will prevail, and when they get the green light, backlogs will be filled within six months (three to four for the 9900 model – the first machines to resume production). The consent decree did allow GE/OEC to continue to provide routine service maintenance, replacement parts and accessories for the GE/OEC systems.

**Filling the vacuum**

The OEC shutdown sent shockwaves throughout the new and used C-arm industry, leaving most scrambling to find a way to fill the void. Philips, Siemens, Hologic and Ziehm went into high gear, with Philips and Siemens snapping up a good deal of the market share that once belonged to GE/OEC.

The circumstances allowed Ziehm Imaging to place C-arms in the United States market and successfully demonstrate their innovative technology in some previously unavailable OEC forums. As of this date Ryan Hales, Product Manager, says, “we believe that Ziehm’s technology surpasses that of OEC and we’re well-positioned to capture more market share in the US.”

Ziehm is very well established in European countries with 60 plus percent of the market share. Ziehm has headquarters based in Nuremberg, Germany, New York, NY and Riverside, CA. Their most notable C-arm line is the Vision family. This line offers a combination of advanced image processing and advanced components in the imaging chain that allows them to provide high quality images while reducing the dose to the patient and physician.

**Competition brings out the best in products**

Scott Burkhart, Vice President of general X-ray for Philips describes the GE/OEC situation as “the perfect storm” in a good way for Philips. “The consent decree was announced at the same time that we released our new generation of C-arms,” says Burkhart. That includes the BV Pulsera with 3D imaging, capable of handling large volume reconstructions, providing large overviews and fine details.

Philips is also promoting the fact that their C-arm systems are developed to get excellent image quality at a minimum X-ray dose. Public interest has grown over the amount of radiation emitted from all diagnostic X-ray equipment. Burkhart claims Philips’ C-arms use only enough radiation to produce a clear image, while simultaneously keeping the exposure of the patient and hospital personnel at a minimum.

Siemens Medical Solutions, headquartered in Malvern, Pennsylvania and Erlangen, Germany, has also benefited from the OEC shut-down. In January 2008, Siemens reported revenue of $3.88 billion compared to $3.08 billion January 2007.

Siemens has gained popularity in the C-arm market with the Artis zee system family that uses X-ray technology and contrast media for spatial visualization of blood vessels. The industrial robot technology integrated in Artis zeeo allows the physician to move the C-arm to almost any position around a patient, making it easier to visualize internal organs from various sides. Using this system, a surgeon is able to perform complex C-arm movements that are not possible with conventional C-arm systems.

Hologic, (the first company to produce mini C-arms), reported record revenues exceeding $370 million for the quarter ending December 2007. The acquisition of BioLucent and the completion of the merger with Cytyc last October allowed Hologic to double in size in a 12 month period and gave Hologic the status of holding the number one position in nine technology areas serving women’s health, including breast cancer diagnosis and treatment, cervical cancer screening, prenatal testing, and osteoporosis detection. Of its four reporting segments, mini C-arms are included in Skeletal Health. The Fluoroscan InSight mini C-arm – a system...
specifically designed to deliver high resolution, low dose images – was demonstrated at RSNA’07. “Hologic has invested substantially in the development of its mini C-arm system,” states Richard Keil, National Sales Manager. “Hologic holds a niche in the mini C-arm market with 90 percent of the market share.”

**OEC shut-down “neither unique nor extraordinary”**

Don Bogutski, President of Diagnostix Plus, Inc., Rockville Centre, NY, offers a positive spin to the GE/OEC outcome. “FDA shutting down production of C-arms at GE/OEC is neither unique, nor extraordinary,” states Bogutski. He feels that it is the FDA doing their job and a manufacturer responding by correcting a shortcoming before it becomes a problem. Historically, other major and minor OEMs have experienced these types of problems. “Several years ago, production was closed for more than six months as ADAC, Philips nuclear medicine worked to comply with FDA testing/reporting requirements,” notes Bogutski. “Like GE will, they eventually worked back to compliance and resumed manufacturing.” Bogutski also states that Siemens is currently working with the FDA on a PET/CT problem and there have been instances where smaller companies have had to suspend production as well. Diagnostix Plus sells reconditioned imaging tables for C-arms as a low cost alternative to new patient imaging tables.

Bogutski believes that third parties will succeed if they understand the need to be part of larger groups such as DOTmed.com and IAMERS. “We must use every tool available to successfully compete as strong competitors to the OEMs, especially for previously owned equipment,” asserts Bogutski. Wayne Webster, Managing Director of Diagnostix Plus, will be presenting a DRA update at the May Annual Meeting of IAMERS that will include an overview on DRA and the imaging modalities, and what to expect during the next three years.

**The 2007 situation from the grass-roots level**

C-arms were one of the least expensive imaging devices in the ISO market, but because of the OEC situation, there has been a run on the new and used C-arm equipment. Prices are up across the board for equipment and parts, causing positive and negatives effects for third party vendors.

We asked a number of C-arm-dependent ISOs how the OEC situation affected their business in 2007.

Huestis Medical, Taunton, MA is a re-manufacturer of GE/OEC 9000, 9400 and 9600 C-arms, and sells throughout the U.S. and worldwide. According to Dan Bond, Sales Coordinator, Huestis Medical had a good year in 2007, and is looking forward to a banner year during 2008. As far as economic factors go, Bond states that imaging standards and reimbursement rates are two prime factors that influence the demand for re-manufactured equipment. “As these factors change, so will the future of the re-manufacturing business,” says Bond. The company provides a 12-month warranty on all parts except glassware, and used image intensifiers have a 24-month, non-prorated warranty.

Med Imaging Systems, Inc. of Bartlett, TN, sells and services all OEM C-arms – but primarily OEC. Ward Huddleston, CEO, says Med Imaging did extremely well in 2007 and Huddleston is expecting modest growth for 2008. “We believe our company will continue to prosper, since we provide service on all modalities and digital systems,” states Huddleston. ‘I feel, however, that some ISOs will be forced out of business over time.”

**Adapting and adjusting**

Dan Edwards, Director of Sales and Marketing, Image Diagnostics, Inc, Sterling, MA – a manufacturer of specialized tables for mobile C-arms – states that
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LOS MEJORES DE LA INDUSTRIA EN SISTEMAS REACONDICIONADOS DE IMAGEN Y RADIOLOGIA
GE/OEC has been a distributor of IDI tables for many years and was one of its largest customers. “With the stoppage of GE/OEC C-arm shipments, there was a corresponding drop in C-arm table activity that had a significant impact on IDI’s business in 2007,” notes Edwards. He does see a bright side, however, because he notes, “The GE/OEC situation caused us to step back and take a serious look at our market, our distribution and our path to business growth.” Since mid-2007, IDI has significantly expanded its distribution through other C-arm sales organizations and has put much more emphasis on new product development.

Russ Surratt, President of Bighorn Biomedical in Pine Haven, WY, feels that OEC is about to swing the doors wide open after being in the penalty box for a while. “I believe that GE/OEC customers are loyal and are ready to resume ‘business as usual’ with OEC — once the okay is given,” says Surratt. He notes that Bighorn has met its customers’ needs with an extraordinarily large inventory of refurbished equipment that is sold to customers worldwide. Bighorn specializes in and carries a full line of refurbished OEC products.

Bill Adkins, President of National X-Ray Corporation, Palmetto, FL, says his company was drastically affected by the problems OEC faced. “We had a large parts business until OEC had their FDA problems,” explains Adkins. The ‘problem’ did have a rippling force on his business because the supply of used systems to part out virtually came to a halt. National X-Ray services and sells OECs and Phillips on a wholesale basis internationally, and does end-user business in Southwest Florida.

Eastern Diagnostic Imaging, Inc. (EDI), Taunton, MA, remanufactures GE/OEC C-arms. President Steve Walsh reports the company hasn’t had a problem with parts because it maintains a large inventory, and purchases parts from the OEM and other parts suppliers. “This has guaranteed our supply of parts and our impeccable service support,” states Walsh.

He comments that there are always factors that affect the growth or decline in the imaging business and the DRAs are the latest factor. Walsh feels that once hospitals and healthcare facilities became acclimated to new reimbursement schedules, there will be an increase in the fluoroscopic refurbishing business. “If the diagnostic result of a remanufactured product is the same as a new product, why would someone pay twice the price?” he asks. Walsh comments that economic factors driving healthcare will demand at least a look at the alternatives to new products, especially in the areas of C-arms, portable X-ray and remanufacturing procedures.

Computron Medical Corporation, Mount Prospect, IL, offers a full line of X-ray tables and their own CMC brand of digital C-arms. Mike Cozzi, Sales and Marketing Manager for CMC, reports that business was down in 2007, but the outlook is way up for 2008. Cozzi believes that increased competition from lower cost, inferior refurbishers has affected the business, but third-party services providers will survive.

Amber Diagnostics, Orlando FL, sells and services OEC, Philips, Siemens and Ziehm internationally and throughout Florida. CEO Robert Serros reports that 2008 started out as one of Amber’s best years in seventeen years. “The DRA has definitely pushed people closer to deciding to go with refurbished equipment. The weak dollar has increased our exports by 40% in the past six months,” notes Serros.

Darrell Kile, Equipment Sales Manager for Classic Diagnostic Imaging, Macedonia, OH, sells refurbished OEC units. Kile says that business was good in 2007 and projects a better 2008. “We

“Our refurbished systems are guaranteed to perform at or above OEM specifications.”

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“I believe that GE/OEC customers are loyal and are ready to resume ‘business as usual’ with OEC — once they get the OK.”
have started some new projects that we will be unveiling over the next few months with the hopes of increasing our business,” states Kile. One of these projects is a new professional paint booth that offers aircraft paint for more wear resistance.

Gary Benitez, President of Crown Medical International in Beechhurst, NY, says his business was up 30 percent in 2007, but he is anticipating that business may be slightly lower in 2008, due to the C-arm shortage. Crown carries all popular C-arm parts and carries a 12-month warranty on its C-arm equipment depending on the customer’s budget.

Benitez notes that the FDA’s shut down of GE’s C-arm division was great for the re-marketers’ business. On the other hand, it is his understanding that GE/OEC will start to rollout the new 9900s in the spring of 2008. “Along with the boom, the OEC dilemma has also created a shortage of used equipment coming into the market,” states Benitez.

Leon Gugel, President, Metropolis International, Long Island City, NY, feels that the C-arm business was down overall in 2007 because of the shutdown of GE/OEC. “Because OEC had the largest market share – and still have a large and loyal following – they naturally got the majority of the trade-in systems. But when deliveries stopped, the trade-ins stopped, and that hurt everyone.” says Gugel. He comments that Philips, Ziehm and Siemens picked up some of the slack, but their trade-ins were far less numerous than OEC’s. Gugel thinks that the outlook for 2008 looks busy from the second quarter on. He believes that when OEC goes back in business, though C-arm prices will fall into the basement, it should open the door to many more clinics and private surgery centers to acquire pre-owned systems at lower rates and open the doors for third world nations to buy newer machines.

North American Medical, Sweet Springs, MO, sells pre-owned medical equipment, including C-arms from GE/OEC and Philips. “My company is a medical equipment liquidator,” says President Mitchell Guier, “we’re always looking for quality used medical equipment to sell.” He noted that business was okay in 2007, but he expects it will pick up in 2008 when OEC starts delivering their new systems, and there will more used units on the market for third parties like his company.

More projections for 2008

Mike Jackson, President of Combined Imaging Associates, Cottontown, TN, feels that because of economic factors, the demand fluctuates and “2008 looks down a bit.” Combined Imaging Associates sells GE/OEC in all regions.

Scott Townsend, President of Townsend Surgical, LCC, Knoxville, TN, sells GE/OEC, Philips and Hologic C-arms. He expects a downturn in the economy, but says that will actually increase used equipment sales, and sees third-party service providers prospering.

Columbia Imaging, Inc., Columbia, MD, sells Siemens and GE/OEC C-arms in the mid-Atlantic region. President Wayne Horsman notes that the company’s warranty for C-arms is adapted
to customers’ need, but the average is six months. He feels that only the strong will survive. “ISOs need to provide quality and value in order to compete with the multinationals,” says Horsman.

Pete Schliebner, President of Benchmark Imaging Group, Strongville, OH, states, “The demand for motorized film viewers has dropped significantly every year for several years.” Schliebner went on to say that when OEC finally satisfies their obligations to the FDA, numerous used C-arms are expected to hit the market, and this will have a significant impact on the price structure of the used C-arm market. For these reasons and others, Benchmark Imaging Group will be focusing business on ‘rad’ rooms and refurbished systems.

David Denholtz, CEO of Integrity Medical Systems, Inc., Fort Myers, FL, tells us that Integrity sells 80 percent of its C-arms in the United States and 20 percent internationally.

Integrity Medical Systems’ typical C-arm warranty covers all parts including the X-ray tube and image intensifier for six months to one year.

“Yes, third party will survive,” says Denholtz, “but the DRA has had a definitive effect – driving demand for refurbished equipment.”

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**DOTmed Registered C-arm Sales and Service Companies**

For convenient links to these companies’ DOTmed Services Directory listings, go to www.dotmed.com and enter [DM 5618]

**Names in boldface are Premium Listings.**

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Joseph Jenkins, President of International Imaging, LTD, Henderson, NV, sells and services GE/OEC and Siemens C-arms in North America, South America, and the Caribbean. The company supports all that they sell by keeping multiple systems in stock. Jenkins states that business was up in 2007 and down a little so far in 2008. He says that the company hasn’t really been affected by economic factors because his business is totally international. “Third-party service providers will remain until technology (service software access) is denied,” states Jenkins.

● dotmed.com [DM 5618]
Arthroscopy is a flourishing area of the medical equipment industry. Mr. John Dawoodjee, General Manager of Advanced Endoscopy Devices Inc., in Canoga Park, CA, says arthroscopy is “recession-proof.” Arthroscopic devices are vital to sports medicine, orthopedics and even veterinary use. Sports injuries are on the rise in children and adolescents. Older generations are remaining active longer, incurring athletic-type injuries and looking for treatment with a short recovery time that allows them to maintain their lifestyle. J. Whit Ewing, M.D., Executive Vice President of the Arthroscopy Association of North America (AANA) in Rosemont, IL says arthroscopy procedures are significantly better than ten years ago. Success rates are higher, and complication rates are lower. The overall success rate of the most common arthroscopic procedure on the anterior cruciate ligament is estimated at 85-90%. Dr. Ewing also sees a continuing expansion of arthroscopy through new procedures of treating defects in the surface of the joint through regeneration of tissue. These factors contribute to the rise in arthroscopy equipment sales.

Arthroscopic instruments “fly off the shelf,” says Mr. Mitchell Guier, Owner of North American Medical in Sweet Springs, MO. The demand for repair services is also growing appreciably. Arthroscopy components and parts account for approximately a quarter to a third of overall product purchases, according to companies specializing in pre-owned/refurbished devices. The same percentage applies to dealers in new equipment, such as Dawoodjee. The U.S. market for arthroscopic equipment was estimated to have reached a staggering one billion dollars in 2007. Mr. Cornel Cacuci, Manager of Apex Endoscopy, Inc. in Lawrenceville, GA says his repair/refurbishing business is 40% arthroscopy related. For OEMs, CONMED has reported a 31% increase in its 2007 arthroscopy equipment sales over 2006 numbers. Of Smith & Nephew’s total 2006 sales, 22% were endoscopy/arthroscopy; this figure grew 7% in 2007.

**The OEMs and ISOs have a cool relationship**

There are several major OEMs across the U.S., and a few overseas. The prominent OEMs include Stryker, Olympus, CONMED, Linvatec, Storz, R. Wolf, Smith & Nephew, Dynonics, and Arthrex. Pre-owned equipment dealers note OEMs tend not to be too friendly with third-party ISO vendors and refurbishers, as the ISOs detract from new equipment sales. Other OEM concerns include the
use of components within a scope that are not the original manufacturer’s brand—which might reflect poorly upon the manufacturer if the repair/refurbishment is substandard. However, companies in the repair/refurbish field say the selection of reputable companies technicians eliminates those problems. A few OEMs will have a limited relationship with certain dealers, using third-party servicers as a secondary repair facility.

**International sales are strong**

U.S. pre-owned/refurbished dealers have found a thriving foreign market. South America is one hot area. Mr. Cesar Martin, Owner of ProEndoscopy in Sunrise, FL, says he has many doctors visiting from South America: “they come here and they’re able to see the facilities, [and] I give an explanation of the scopes.” Dawoodjee also has customers in South America. European markets are also buying large quantities of pre-owned equipment. Guier has steady sales in Poland. Cacuci has business in Germany and Brazil. Mr. Dan Murphy, President of MetroMedical Industries Inc. in North Branford, CT has found internet outlets such as DOTmed.com have increased exposure of his business 60—70% and attracted customers from Great Britain, Dubai, Bulgaria, and South America. Mr. Edward Soto, Sales Representative for Sterile Med/Scope Exchange of Greensboro, NC says his company sells to places as diverse as Portugal, Italy, United Arab Emirates, France, Venezuela, Ecuador, and Argentina.

**ISOs are filling an important service gap**

Another advantage for foreign customers contracting for repair services in the U.S. is the trend of OEMs to downsize or close repair and manufacture facilities in some countries and centralize the facilities in other locations. The previous locations, left without close access to repair, have found that shipping a part to the U.S. for repair is more advantageous both in cost and in turnaround time. Turnaround time is vitally important to a foreign medical facility to keep from having to cancel procedures. OEMs can sometimes have a turnaround time of two-three weeks. For domestic repair services it’s just a matter of days.

A typical arthroscopy system can include a camera, camera cables, light source, arthroscope, sheath, color monitors, printers, fiber optic cable and accessories. Accompanying instruments include shavers, cannulas, blades, burrs and forceps. A pre-owned arthroscopic system will run approximately $2,400 to $5,000, depending upon what is included. New equipment system prices range from $6,000 to $12,000. For parts, new scopes can cost up to $5,000, and sheaths range from $400 to $600. By comparison, a pre-owned scope 1-2 years old costs around $800 to $1,500. The most expensive component is the camera. The single chip camera head used in arthroscopes runs about $8,000 to $15,000 new. A refurbished camera can be 30 to 40% less.

Pre-owned equipment can be repaired or refurbished. With reputable dealers, both services have quality control inspections for the internal parts to make sure the product is in good shape. Refurbishing often takes an extra step of upgrading or replacing certain problem parts, and a cosmetic overhaul. Dawoodjee and AES offer refurbishing services. Dawoodjee says that in AES’ refurbishing process they are able to correctly correct any pre-existing design flaws in the system/components and make the instrument higher-quality. However, non-refurbished equipment is as useful. Guier specializes in selling preowned equipment without refurbishing. He inspects the internal components carefully for sturdiness and viability, and will make minor part replacements. Guier’s products come with a guarantee. Cacuci will refurbish equipment obtained from sources such as hospitals in preparation to be sold, also with a guarantee.

Arthroscopy’s popularity lies in its ability to examine joints through small incisions. That same micro-technology is also what leads to equipment damage—to the miniature cameras, lenses, light source and the fiber optics inside the scope. Repairs become necessary from sheer usage—normal wear and tear, or being dropped by medical personnel when changing hands for sterilization. The most frequent damage is the scope being nicked or sliced by other instruments (probes, shavers, burrs) while in the patient. Sometimes a practitioner bends the scope just a bit past its capability in an attempt to see the joint better.

**The quality and technology keep improving**

Innovations in the arthroscopy industry occur slowly in increments, making standard equipment a bit better—smaller or with a longer reach. Cacuci sees monitors with clearer, crisper images. Flat screens are now becoming standard. High definition capability is becoming in demand. Instruments are more
compact and mobile, and easier to sterilize. All of the latest arthroscopes are autoclavable—decreasing turnaround time previously spent soaking the components. This allows the instruments to be rotated to new patients in around an hour. Sellers of used and refurbished equipment usually don’t see the latest innovations for several years down the road—such as when a dealer buys a hospital’s former set of equipment.

Dealers agree that durability is an indication of top quality equipment. Guier says Stryker cameras are popular for that reason. The ability of preowned instruments to be autoclaved is becoming increasingly important. Martin would much rather purchase an autoclavable scope for its durability. Cacuci says the more desirable qualities depend upon the needs of the customer. “Storz has a brighter image because they have rod lenses that are longer but Dyonics has more durable rod lenses—not as easy to break. It’s all up to the end user whether they want durability or a brighter image.”

How to choose a good ISO

Preowned repair and sales companies need to have marketing points to attract customers. For Murphy, training of the company techs makes the difference. Murphy has been in the business since the early 90’s when there were only a handful of dealers and repair technicians, and builds upon that experience. Murphy’s techs train for two years and have frequent refresher training, remaining competitive with the now dozens of companies in the business. Murphy also has a software program his company has developed that allows the techs to offer before and after photos to the client. “When we repair the scope, we take the [before] picture and put it right next to the older picture, with an anatomy of the scope below with numbers showing different parts of the scope where it was damaged…that’s our proof source.”

Martin points out that the savings in repair and refurbishing depends upon who the product is sent to. Therefore experience and care can make the difference, understanding the nature of the equipment—how to treat the Delrin plastic casing on the scope and to break down the glue seals without damaging the scope. Martin’s ProEndoscopy refurbishes/rebuilds to OEM specs. Soto’s company purchase kits that the OEMs use for final inspections and repairs. Soto’s company also design jigs to open a specific brand of scope with less stress to the internal parts. Arthroscopy dealers know the importance of keeping up with what’s going on in the industry. Many surf the internet for news, check out user reviews of new equipment online, and listen for the buzz from other dealers. From all indications in recent years, the arthroscopy market will continue to grow domestically and internationally, as a major part of the medical equipment business.

● dotmed.com [DM 5610]
Who are among the most reliable, honest and responsive, medical equipment dealers and brokers in the United States?

Meet the...

When Biomedical Technicians, Material Managers, and other Dealers and Brokers go out of their way to say you’re really good to do business with, that’s really saying something – and that’s what being in the DOTmed 100 says about a businessperson.

So we’d like you to meet DOTmed’s Cream of the Crop: The top 100 registered users who received the highest, combined, 5-Star Ratings from their peers.

How the DOTmed 100 were chosen:
During 2007, all 90,000-plus DOTmed users were invited to nominate other users to be rated for the DOTmed 100.

There was one very important rule here: a user must have done business with another user to nominate them or rate them.

More than 9,200 users were nominated, and over 37,000 ratings were made. Those people who had the most number of high, positive ratings became the DOTmed 100 for 2008.

The DOTmed 5-Star Rating System

These are the categories in which a DOTmed user can be rated. The DOTmed 100 get “Very Satisfied” ratings from multiple people. You can see all the individual ratings for a user by visiting that person’s Services Directory listing.

Here are the categories users get to rate other users on:

| In the past I have: (○ Sold to, ○ Purchased from, ○ Both Purchased from and Sold to) |
| Quality of Equipment: Very Unsatisfied ○ ○ ○ ○ ○ Very Satisfied ○ N/A |
| Paid on Time: Very Unsatisfied ○ ○ ○ ○ ○ Very Satisfied ○ N/A |
| Shipped on Time: Very Unsatisfied ○ ○ ○ ○ ○ Very Satisfied ○ N/A |
| Price: Very Unsatisfied ○ ○ ○ ○ ○ Very Satisfied ○ N/A |
| Quality of Packaging: Very Unsatisfied ○ ○ ○ ○ ○ Very Satisfied ○ N/A |
| Returned Calls: Very Unsatisfied ○ ○ ○ ○ ○ Very Satisfied ○ N/A |
| After Sale Service: Very Unsatisfied ○ ○ ○ ○ ○ Very Satisfied ○ N/A |
| Resolved Problems: Very Unsatisfied ○ ○ ○ ○ ○ Very Satisfied ○ N/A |
| Easy to Deal With: Very Unsatisfied ○ ○ ○ ○ ○ Very Satisfied ○ N/A |
| Product Knowledge: Very Unsatisfied ○ ○ ○ ○ ○ Very Satisfied ○ N/A |

To see the all of DOTmed 100 online and look at their individual ratings, go www.dotmed.com and scroll down our homepage until you see the DOTmed 100 logo, then click it.

Beyond the DOTmed 100...

Who was the DOTmed 101st rated person? Or the 150th? Probably someone you’d be happy to do business with as well. The point is: there are thousands of DOTmed users with good 5-Star Ratings. And we encourage you to look at them as well.

Promoting safe dealings online is what DOTmed’s multi-pronged Ethics Program is all about. In addition to the DOTmed 100, we have over 400 DOTmed Certified users. And because there are always a few “bad apples” in every barrel, we have a strict Blacklist policy as well, where we ban known cheats from our site, and tell the world who they are.

One final word to the wise: always ask for references the first time you do business with anyone you don’t know. That’s the best way to avoid headaches and have trouble-free business transactions.

● dotmed.com [DM 5651]

[Editor’s note: The DOTmed 100 on our website includes non-U.S. companies. Because DOTmed Business News is only mailed domestically, we have shown just the DOTmed 100 from the U.S. in this article.]
The DOTmed 100 are listed in alphabetical order by company name.

Duc Dang
2D Imaging, Anaheim, CA
2D Imaging specializes in providing sales, leasing, exchanges, and servicing of all medical ultrasound equipment such as Siemens, Acuson, Aloka, Philips, ATL, HP, Biosound, GE/Diasonics, Toshiba, and many other reputable names.

David Hill
A to Z Medical, Inc., Portland, OR
A to Z medical has all your medical equipment needs from new to used. We refurbish many types of equipment from autoclaves to power tables. Our biomedical department can repair most types of medical equipment.

Bernard Glas • Joshua Glas
Adam Medical Sales, Inc., Brooklyn, NY
Our company is available for professional de-installation jobs anywhere in the USA. We are experts in de-installing the following equipment: Radiographic R/F, Special procedure (Cath Labs and Angi), CT Scanners, Bone Densiometers.

Noel Estrada
Advantage Medical Systems, Elmsford, NY
Advantage Medical Systems, Purchaser, Seller, Authorized service center for Invacare, Repair shop for Homecare Medical Equipment. 75 years of combined experience in Sales, Repairs, Buying, and Selling of quality pre-owned Respiratory equipment.

Ari Laufer
ALAKA Medical Systems Inc., Brooklyn, NY
ALAKA Medical Systems Inc. is an exporter par excellence of pre-owned medical equipment. We specialize in all the Imaging modalities, including CT Scanners, Mammography, X Ray, C-Arms, Cath Labs, and Ultrasound. We provide professional deinstallation & crating.

Loc Le • Carol Haynes
All Imaging Systems, Inc., Irvine, CA
Ultrasound dealer for new and used probes, parts, and systems. As well as repairs on probes, PGB's, and monitors.

Wanda Legate
AllParts Medical, Nashville, TN
AllParts Medical is a dynamic and growing provider of replacement parts for diagnostic imaging equipment. In addition to offering a broad & growing inventory of replacement parts, APM also buys & sells imaging equipment & performs deinstallations.

Erlin Diaz Faes
Alma Imaging, Palm City, FL
Alma Imaging purchases all modalities of pre-owned imaging equipment. Our focus is the international market, mainly Latin America and Europe.

Colin Grady
Ambassador Medical, Carmel, IN
We provide clinical solutions in the way of ultrasound equipment that meets the needs of our customers. I have worked in ultrasound 6 years and have been successful at meeting the needs of our customers all over the world at 30-80% off of OEM list pricing.

Joe Avina
AMERICAN INTERNATIONAL MEDICAL, Sylmar, CA
American International Medical buys, sells, trades, refurbishes, and repairs used medical equipment. We also provide a variety of value-added services to complement our line-up of quality refurbished medical equipment, including equipment consulting.

Ken Kirby
Aneserv Medical, Inc., Dawsonville, GA
We are a fully insured certified anesthesia equipment company. We PM, sell, refurbish, and repair anesthesia machines. We rebuild and sell vaporizers. We also sell all types of biomedical equipment that is certified and clean. We paint and refurbish.

Joe Vitrano
Apex Medical Equipment, Orange Park, FL
A source for buying and selling used imaging systems for the dealer/broker networks. 12 years industry experience.

Jason Botko
API Plus Medical, Rock Hill, SC
We provide New, Used, & Refurbished parts to Hospitals, ISO’s, Multi-Vendor Service Companies, and various other individuals in the Medical Imaging Industry. Our staff is geared toward superior customer service with outstanding pricing and response time.

Frank Bleischmid
Artic Group Services, LLC, Miami, FL
We BUY & SELL all types of hospital and medical equipment: New, Remanufactured, and Used. We carry a large inventory in our Miami warehouse.

Don Trombato
Axess Ultrasound, Indianapolis, IN
Axess Ultrasound provides nationwide comprehensive services for all diagnostic ultrasound equipment. Our service offerings include unparalleled direct onsite repair, technical support, parts, transducer repair, and ultrasound service training classes.

Calixto Barja
Barja Medical Equipment Corp., Miami, FL
Barja Medical Equipment Corp. specializes in ultrasound sales and service.

Don Tiedemann • Mike Vitrano
John Kollegger
Bay Shore Medical, LLC, Ronkonkoma, NY
Bay Shore Medical buys and sells all types of pre-owned diagnostic imaging equipment, including CT, MRI, X-Ray, Mammography, Nuclear Medicine, Ultrasound, PET, and Motorized Viewers.

Don Grimm
Bemes Inc., Fenton, OH
Bemes, Inc. is a Dealer in respiratory items. We buy, sell, and trade Ventilators, Oximeters, and Defibs. Siemens, Puritan Bennett, Newport, Sechrist, Viasys, Bird, and Bear. We offer a full Service and Part Department and deal very good in international business.

Pete Schliebner
Benchmark Imaging Group, Strongville, OH
Benchmark Imaging Group reconditions, refurbishes, sells, and services new and used medical imaging equipment as well as related equipment and accessories. We can de-install, install, and move imaging equipment.

Dick Slade
BIS Technologies, Scottsdale, AZ
We sell used medical and laboratory equipment from local hospitals. The equipment is generally sold “as is”, in good working condition. We sell mostly to equipment dealers and we also export equipment, particularly to Mexico and Latin American countries.

Roger Strauchta
BMX Medical, Minneapolis, MN
BMX Medical, Inc. is a company that specializes in buying and selling quality used medical equipment.

Roddy E. McWhorter
Bryman & Associates, Inc., Dunwoody, GA
Bryman & Associates is a Buyer and Seller of used, refurbished, and new homecare medical equipment - primarily Respiratory.

Chrylster Turner • Christopher Turner
C & G Medical Solutions, Noblesville, IN
C & G Medical Solutions offers premium quality, pre-owned replacement transducers & parts. With 20 years of collective knowledge in the Ultrasound Industry, we offer cost effective consultative solutions to exceed all of your needs. Visit our online store!

Greg Kramer
C & G Technologies, Inc., Jeffersonville, IN
C & G specializes in all models of GE and Toshiba CT scanner systems. We provide quality refurbished systems, fully tested and warranted parts (including new and used x-ray tubes), service unmatched in quality and experience, and mobile rentals.

James Fower
Calscan Medical, Anaheim, CA
Imaging Equipment Sales and service including: True turn-key solutions for MRI & CT mobiles and fixed, Parts, service, support, Mobile Sales and rentals, and Upgrades. We build our own RF rooms and MRI turn-key projects.

Derrell Mc Craig
Choice Medical Systems, Inc., St. Petersburg, FL
Choice Medical specializes in the sale of pre-owned/reconditioned diagnostic ultrasound equipment. We are an authorized Sony dealer as well as a master distributor of the Medicapture image capturing device.

Darrel Kile
Classic Diagnostic Imaging, Macedonia, OH
You know “Classic” as a Parts company, but we are now also Refurbishing Complete units including Mammography, C-arms, and Portable x-ray. We offer Tech support and training incentives. Classic can also de-install equipment.
Charles Moore
CMoore Medical Sales & Service,
Cartersville, GA
Southeast medical equipment sales & service company.

Wayne Horsman
Columbia Imaging, Inc., Columbia, MD
Columbia Imaging has been serving the imaging equipment & maintenance needs of hospitals, imaging centers, & offices in the Mid-Atlantic region since 1991. We are located in Columbia, MD between Baltimore & Washington, serving MD, DC, VA, DE, WV & PA.

Gary Benitez
Crown Medical International, Inc., Beechhurst, NY
Since 2001, Crown Medical International, Inc. has supplied pre-owned, medical diagnostic imaging equipment to hospitals, doctors, laboratories, and governments throughout the world.

Don Bogutski
Diagnostix Plus, Inc., Rockville Centre, NY
SPECT, PET, PET/CT Nuclear Cardiology turnkey Systems, Service, New/Used and Obsolete Parts, Cameras, Computers, Hot Labs, Collimators, Accessories, Repairs, Sources.

Patrick Hardy
Dietz Healthcare, Inc., Tempe, AZ
Sales of Ultrasound probes, systems, and parts. We also offer professional ultrasound probe evaluation and repair. We specialize in hard to find probes and TEE probes!

Aaron Frye
Doctors Depot, Inc., Jupiter, FL
Doctors Depot provides the highest quality anesthesia equipment in the industry. We focus primarily on Anesthesia Machines and Patient Monitors. All of our equipment is guaranteed with 1-year warranty and 7-day acceptance terms.

Ray Phillips
Drand Medical, LLC, Oklahoma City, OK
We are a stock and brokerage company that has business relations worldwide. We deal in most medical equipment, from the E.R. to the O.R. If we do not have it chances are we can find it. Please feel free to give us a call.

Walter Allen
DW Allen Enterprises, Buena Park, CA
Buyer & Seller of Pre-owned Medical Equipment. Our goal is to provide quality equipment at a competitive price while offering personal service. Most Medical / surgical facilities typically save 30 to 65% when purchasing our pre-owned equipment.

Betsy Gordon
E.L.V.S.-Equipment Locator Vendor Services, Orlando, FL
“The XRay ELVS” purchase direct from 2500+ Hospitals/Imaging Centers. We make it easy & profitable! We buy: CT, MRI, C-Arms, Mammo, Nuke Med, Bone Density, Rad, etc. ELVS - Your partners in success!

Teddy Cohen
Elite Medical, Staten Island, NY
Elite Medical equipment is recognized in the industry as a leader in new as well as refurbished medical equipment. We stand behind all our products and offer extremely competitive pricing.

Scott Mason
Endoscopy Resources, Inc., Port Orange, FL
Endoscopy Resources, Inc. specializes in buying, selling, trading, & repairing all makes and models of endoscopes and accessories. We pay TOP $ for equipment, have the lowest prices, and offer the longest warranty in the industry (18 months). 7-day trial period!

Kenneth Saltrick
Engineering Services, KCS, Inc., Twinsburg, OH
Engineering Services of Twinsburg, Ohio can repair all types of medical cables and Contract Manufacture to your specifications. We have 23 years in medical product background business. Our goal is to repair cables with more insight than the OEM.

James Baumgardner
Enterprise Medical, Largo, FL
Provider of quality Siemens imaging parts and monitors. Siemens used and refurbished X-ray systems. Refurbished Siemens portable and C-arms. Also a large selection of discontinued Siemens X-ray parts. Repair facility for Siemens monitors and X-ray systems.

Steve Stepanski
Express Systems & Parts Network, Inc., Aurora, OH
Our warehouse is located in Aurora, OH and is 20,000 square feet containing most OEM Diagnostic Imaging parts as well as other complete equipment. We sell, buy, and de-install used Diagnostic Imaging Equipment.

Pam Gall
Foremost Equipment, Rochester, NY
World leader in refurbished, affordable, pre-owned medical and laboratory equipment.

Dan Dorshimer
Freedom Medical, Exton, PA
We are a medical equipment dealer that specializes in the sale and rental of Infusion pumps, Respiratory, and General Biomedical equipment.

Ron Ragan
Genesis Medical Imaging, Huntley, IL
Genesis Medical Imaging provides CT and MRI scanners for all types of users. We are also a full service company for MRI and CT scanners, we also sell parts, and full turn-key packages.

Peter Chen
Global Medical Equipment, Harleysville, PA
We have been in business for 10 years. One of the biggest stocking brokers of medical imaging in the world. We always keep over 20 CTs in stock. We buy/sell systems of CT, X-ray, Ultrasound, MRI, and Nuclear Medicine. We also have huge inventory of parts.

Craig Pelissier
GTS Medical Systems, Huntington Beach, CA
Medical electronics and more. Quality, Pre-owned Patient Monitors, EKG Machines, Defibrillators, Electrosurgical, & more. We also provide best pricing on accessories including Oximeter Probes, NIBP Cuffs, & ECG Lead Wires. Save time and money -think GTS.

Scott Haas
HH Surgical Technologies, LLC, Madison, WI
Sales and service of medical equipment to our roster of doctors, veterinarians, and other medical professionals.

Peter Ehrlich
Health Care Exports, Inc., Miami, FL
Health Care Exports - has been in the business of providing HIGH TECH QUALITY new and reconditioned medical equipment for clients throughout the United States, Latin America, and Europe for over 28 years and now this excellent service is available to you.

Gene Parks
HealthCare Imaging, LLC., Asheville, NC
HCI brings many years of experience in the Picker, Marconi, Philips, and Toshiba CT/MRI product lines. Parts support and system sales are provided to our customers. Providing logistical assistance for deinstallation, transportation, crating, and export.

Roger Hubred
HUB-MED, Lakeville, MD
HUB-MED sells refurbished pre-owned, C-Arms, Ultrasound, Imaging, Multiparameter Monitors, Defibrs, RT, Anesthesia Machines, Operating Room, Fetal Monitors, Monitoring Systems, and other medical healthcare equipment.

Marshall Shannon
Image Technology Consulting, LLC, DeSoto, TX
Consulting services, Site planning, equipment deinstallations, installs, and reinstalling, leasing, MR rentals, parts and coils. MR sales and complete MRI service department. We specialize in Philips, Siemens, GE, and Toshiba. Mobile transport & Refurbishments.

Scott Cameron
Integral Mobile Services, Canandaigua, NY
Mobile Diagnostic Imaging Systems including MRI, CT, and PET/CT.

David Denholtz
Integrity Medical Systems, Inc., Fort Myers, FL
Since 1989 selling REFURBISHED & NEW Diagnostic Imaging & Bone Densitometry equipment, and PARTS. Our IN-STOCK INVENTORY is one of the nation’s largest—all sold tested and warranted to OEM Standards. National Service Contracts on Bone Densitometers.

John Wittenberg
Inventory Solutions, Inc., NY, NY
INVENTORY SOLUTIONS, INC. specializes in the sale of REFURBISHED RESPIRATORY equipment to dealers and distributors. All equipment is warranted for 90 days and your satisfaction is our highest priority.

Michael Callaghan
ISIS Medical Solutions, LLC, Tabernacle, NJ
ISIS Medical Solutions, LLC. is a wholesaler of pre-owned critical care equipment. Our focus is on Respiratory, Infusion, and Sequential Compression Devices. We deal in both the Domestic and Foreign Market.
Mary D. Lampley
J&M Trading, Inc., Goodlettsville, TN
“Be Part Smart”. Buy your high quality, low cost, OEM replacement parts from us. We are here 24 x 7 to meet your needs. We also provide: Systems, Sales, X-ray tube sales, and detector repairs. We serve all modalities and manufacturers.

Clark Wilkins
JDI Solutions, Inc., Brevard, NC
JDI Solutions provides de/reinstall, sales, parts and staging/rebuilding services for Siemens MRI systems worldwide. We also offer magnet and mobile storage. We carry the full line of parts for most Siemens systems including Harmony and Symphony.

Ken Allshouse • Scott Minich
KMA Remarketing Corp., DuBois, PA
KMA Remarketing Corp. is a leader in the buying, selling, and refurbishing of pre-owned medical equipment.

Jeff Robinson
Laser Care, Calexico, CA

Michael Webster
Legacy Medical Imaging, Ft. Worth, TX
Legacy Medical Imaging provides quality used medical equipment. Professionally trained service department - in-house coil and parts repair, specializing in MRI, CT, and Dry Lasers.

Andy Mead
Legacy Ultrasound, Tempe, AZ
Legacy Ultrasound is a wholesaler that specializes in buying and selling Ultrasound systems and probes.

Michael Jasinski • Gregg Pearson
MagnaServ Inc., Crystal Lake, IL
MagnaServ provides full service contracts on MRI and CT scanners, T&M service, mobile MRI/CT, Parts Sales, Cold Heads/Compressor, System Sales, Magnet & Mobile Storage. System Relocation, Service, System Sales, and Parts Sales Nationwide 24/7.

Joe Murray
Medeco, Boise, ID
Medeco, Inc. markets quality reconditioned medical equipment including Cardiac Stress systems, MRI Vital Signs Monitoring, ventilators, and routine medical and surgical equipment.

Bob Caples
Med-E-Quip Locators, Inc., Maryland Heights, MO
MEQL, Inc. is a premier leader and supplier of new & refurbished medical equipment since 1989. We stock IV Pumps, Syringe/PCA Pumps, Enteral/SCD Pumps, Defibrillators, Pulse Oximeters, and Ventilators in (110v/220v) new and refurbished condition.

Jeff Rogers
Medical Imaging Resources, Inc., Ann Arbor, MI
Aftermarket Diagnostic Imaging Systems Solutions Provider for New, Refurbished, Reconditioned, and Pre-owned Imaging systems from All Manufacturers and All Modalities. Complete Engineering/Technical Services. Interim Mobile Leasing of All Modalities.

Chandra Mohan
Medimtech, LLC, Tracy, CA
Medical Diagnostic Ultrasound Sales & service. Ultrasound probe repairs. Offer Exchange, Sale, & Repairs of Ultrasound Probe & Parts for ATL, HP, GE, Acuson, Siemens, and Toshiba for same day shipping.

Don Kennebeck
Medisales, LLC, Los Alamitos, CA
Medisales provides quality new and pre-owned ultrasound equipment, Lasers and C-Arms for use in hospitals, clinics, and doctor’s offices. Each system is refurbished and guaranteed to work to OEM specifications.

Charlie Jahnke
MedPro Imaging, Inc., Waukesha, WI
MedPro Imaging, Inc. can help you with all your ultrasound needs. We specialize in all aspects of ultrasound imaging. From system purchases to transducers to turn-key ultrasound solutions for your practice. Call us today for a free consultation.

Ed Davidson
Medtraxx, Inc., Lothian, MD
Medtraxx is a leading supplier of pre-owned medical equipment to Hospitals, Clinics, Physicians, Veterinarians, and Chiropractors. Wholesale and Retail.

Leon Gugel
Metropolis International, Long Island City, NY
Metropolis International is a buyer, seller, and retailer of quality pre-owned diagnostic imaging equipment. We also finance and do project management for private clinics and offer top notch consulting services.

Nancy M. Mills
Mid-America Medical, Memphis, TN
We buy and sell all types of pre-owned hospital and medical equipment. All equipment is guaranteed. If we don’t have it in stock, we can locate it. Parts available as well. We are here to assist you in your equipment needs. “FROM BEDPANS TO CAT SCAN!”

Michael Glynn
Mylin Medical Systems, Inc., Burr Ridge, IL
We have been in the business of Buying and Selling Used MRI, CT, X-Ray, Nuclear Medicine, and Radiation Therapy Systems for over 24 Years. Member of IAMERS.

Robert Manetta
Nationwide Imaging Services, Inc., Brick, NJ
Nationwide Imaging Services, Inc. is a broker/dealer of new & used X-Ray and diagnostic imaging equipment. Our services include turn-key projects, leasing, service, mobile rental, & consulting. Nationwide also is a dealer for Siemens Refurbished Cat scanners.

Dan Kaye
NetWork 2000, Inc., Bartlett, IL
NetWork 2000 is a worldwide distributor of New and Used medical imaging equipment parts. We stock X-Ray parts for most manufacturers’ equipment.

Mitchell Guier
North American Medical, Sweet Springs, MO
North American Medical is a dealer of pre-owned medical equipment ranging anywhere from CT scanners to surgery equipment and physical therapy equipment. We specialize in equipping surgery centers domestically and internationally.

Ron De Ru
NorthWest Supply, Marysville, WA
We are a surplus asset management company which sells, buys, and consigns all manner of medical and scientific equipment. We will sell wholesale and retail both nationally and internationally.

Philip Stuemke • Josh Robison
Novatek Medical, Effingham, IL
Novatek Medical buys, sells, rents, and services many types of medical equipment. From infusion pumps to pulse oximeters and ventilators.

Thomas Freund
Oxford Instruments, Carteret, NJ
Oxford Instruments, a leader in the MRI industry for over 40 years, is an independent MRI services organization offering magnet service, parts, & accessories. Ol has a North American network of trained technicians ready to respond to your needs fast!

Daniel Brenner
PartsSource, Aurora, OH
PartsSource has been working to get better pricing faster for over 5 years now. We’re one of the few companies that works with both Imaging and Biomed, so no matter what medical replacement part you are looking for THE ANSWER IS YES!

German Filgueira
PODER, Inc., Miami Beach, FL
PODER, Inc. stocks a large quantity of imaging equipment in our Miami warehouse. We also stock a large quantity of GE mammo parts and Lunar parts. We represent various lines of new equipment including replacement X-Ray tubes at discounted prices.

Matt Bion
Principal Medical, Bloomington, MN
We offer refurbished equipment, accessories, supplies, and service to our customers.

Bob Gaw
PRN, Fall River, MA
Large stocking dealer of reconditioned equipment. ECG’s, ultrasound, OR, endoscopy, stress systems, power tables, monitoring systems, parts, and supplies. Introducing NEW Vi- corder, first USB/Windows based affordable Doppler, PVR, Segmental, PPG vascular lab.

Kristen Kennebeck
Promed Parts, Inc., Los Alamitos, CA
Promed Parts offers quality OEM ultrasound parts from most manufacturers. Hero kits and same day shipping is available on most parts. Promed Parts’ staff of trained ultrasound repair technicians is available for free expert technical support.
Blacklisted
Not Welcome on DOTmed

While the DOTmed 100 was created to spotlight honest and trustworthy dealers who use our site, every business has its share of dishonest people and outright crooks.

At DOTmed.com, we have created a way to shine a spotlight on them too: the DOTmed Blacklist. Anyone who clearly has dealt dishonestly with another DOTmed user will be Blacklisted by DOTmed and banned from using our website.

What’s more, we nail an “Unwanted” poster on our site when someone is Blacklisted and name the names of those dishonest people. You can see the most recently “Blacklistees” right now by visiting www.dotmed.com and clicking on the “News” tab.

It’s all about safe dealings online:

Being able to trust the person on the other end of an online transaction is crucial to the success of online commerce. DOTmed will show no mercy to the bad guys. To protect you and the other honest people who need to use DOTmed.com, we will continue to run the outlaws out of our town when they try to cheat someone.
**In Memoriam — Woody Whetstone**

by P. F. Jacobus

Woody Whetstone, long-time medical equipment industry icon, died of cancer in March of this year.

Woody was a founding member of IAMERS (International Association of Medical Equipment Refurbishers and Servicers), he served on the Ethics Committee, and was elected president of IAMERS by its members.

He is survived by his wife Sandra, his daughter Sherry, and their sons David and Tony.

Steve Walsh, Steve Lynch, Arnold Smith, Ed Thieman, and Ed Gibbs were among those who attended the funeral.

When he began his career in the medical equipment industry, Woody was first a service engineer for General Electric and for Siemens. He later set out on his own and started his own company, A&W X-Ray, which he eventually sold to Diagnostic Imaging. After working for Diagnostic Imaging, he started another company, Diagnostic Parts Exchange.

There is not a person that knew him that did not smile when his name was mentioned.

Losing him is an end to an era. He will be missed. Our condolences go out to his wife and children.

● dotmed.com [DM 5606]

**Siemens Dealt Financial Blow**

German industrial giant Siemens issued a surprise profit warning recently, saying earnings would be cut by about 900 million euros (1.4 billion dollars) following a review of major projects.

Shares in the company lost over 13% on the Frankfurt stock exchange immediately after the announcement.

Siemens said a weaker-than-expected performance in projects at its energy division, which builds power plants, and its transport unit, along with a lost British contract for information technology services meant a hit to earnings in the first three months of 2008.

The performance of Siemens’ Healthcare Division was not specifically mentioned in the news.

The company did not reiterate targets for the fiscal year that ends on September 30, nor did it issue new ones, but said that “the commitment to the targets for 2010 is confirmed.”

Siemens had said in January that sales would increase in 2008 by double the pace of the global economy.

● dotmed.com [DM 5645]
Federal Probe Investigating Boston Scientific Corp. Stent Sales
Just a few weeks ago, Boston Scientific announced that federal regulators issued marketing approvals for two defibrillators and a patient-monitoring system. Just a few days later it was announced that US Justice Department officials were conducting a civil investigation of Boston Scientific and other companies involving their sale of bile-duct stents.

Boston Scientific Corp. reported in a recent regulatory filing that the investigation is looking at whether they and other competitors promoted the sale of stents for non-FDA approved indications. The company is cooperating and no subpoenas have been filed according to Bloomberg News.

● dotmed.com [DM 5587]

The National Association of Certified Valuation Analysts (NACVA) Beefs Up Healthcare Finance Training
NACVA, the organization that establishes, builds, protects, and defends business value, announced that its Healthcare Consulting Workshop will include at least half a dozen newly updated topics especially relevant to hospitals and physician practices because of new and pending legislation in 2008.

“The healthcare field faces tons of new challenges,” said Gregory Reardon, CEO of the Reardon Group, a healthcare financial consultancy, and principal course developer for the NACVA Healthcare Consulting Workshop. “Demographics are forcing hospitals to look harder to find physicians, medical practices are forced to think in new and innovative ways about succession planning; and Medicare legislation is changing the

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way services are billed and fair market value is determined.”

The Healthcare Workshop is part of NACVA’s Consultants Training Institute. The 5-day workshops will appear in 3 cities throughout the nation during 2008.

Reardon says the 5-day workshop is also being revamped and updated in 2008 to include new information on reasonableness opinions; determining incremental costs in physician recruitment incentives; fair market value determinations for rentals, equipment, personnel employment leasing arrangements, on-call compensation, and medical directorships; profitability analysis; benchmarking resources; normalization how to’s; regulatory compliance testing; the impact of SSVS1 and NACVA’s new standards on healthcare reporting effective for 2008 and Calculated Value Reports; per click leasing arrangements; independent contractors; regional marketplaces; and Stark law compliance.

● dotmed.com [DM 5649]

Echoserve Enters Patient Monitor Market

Echoserve, Inc., has added physiological patient monitoring to their portfolio of medical product sales, depot repair and field service businesses. The company now carries inventory, repairs and provides field maintenance services for the most popular models of monitoring equipment from GE (Marquette, Datex/Ohmeda), Philips (HP), Welch Allyn, SpaceLabs, Siemens and Datascope.

“Patient monitoring is a natural fit with our ultrasound business,” said Christopher M. Cone, Chief Executive Officer of Echoserve. “Each of the major diagnostic imaging manufacturers has restructured their business units to align patient monitoring and diagnostic ultrasound due to the significant cross-over in the sales call pattern, device price points, product technologies and service paradigms. For many of these same reasons, patient monitoring is highly complementary to our ultrasound service business.”

● dotmed.com [DM 5596]
In October of 2007, Meg Roy, Administrator of Advanced Imaging Specialists, Wellington, FL, decided to sell a GE Lunar Prodigy Advance Bone Densitometer. Her first move was to look and see where other people sold equipment online. Meg did a Google search, found DOTmed.com, checked us out, and liked what she saw.

After registering for free, she decided to utilize DOTmed's Free Classified Ad Listings. She posted the machine for sale and was hoping to sell it for close to $30,000.

Meg received several email inquiries about the system, but never reached a deal because all the offers she received were well under $20,000.

When she initially posted the free listing for the Lunar, her DOTmed Project Manager, David Blumenthal, had contacted her to discuss the possibility of a DOTmed Full-Service Auction. She declined that option initially because she wanted to see if she could sell it with a free listing.

Deal or No Deal?

A month went by with no sale and so Meg decided to give a DOTmed Full-Service Auction a shot. One aspect of service that she liked was the fact that now her Project Manager would answer and handle all the inquiries so she could go back to her regular job. David Blumenthal set-up an online auction for the system, and after reviewing the system specs with the DOTmed Auction Team, the unit was posted with a $25,000 reserve price.

Auctions Reveal an Item's “Fair Market Value”

The auction was launched on DOTmed.com, and like all auc-

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tions, was prominently featured on the website. A dealer in Greece saw the system, and using the favorable Euro-to-Dollar exchange rate to his advantage, bid the system up to $25,500. While Meg initially was hoping for up $30,000, she became convinced that was unrealistically high, and that $25,500 was the fair market value for the machine.

DOTmed collected a 20% deposit from the Buyer, with the rest due after the system was ready for shipment. The deal was sweetened because GE was able to deinstall the system as part of the service contract. DOTmed then arranged for Brandon Transfer & Storage of West Palm Beach, FL, to remove the system from the second floor office, bring it back to their place and crate it.

DOTmed received the additional 80% plus crating costs from the buyer, sent Advanced Imaging Specialists a check for $20,400, and let the Buyers company know where to pick up the crated system. And another DOTmed Full-Service Auction came to a successful conclusion.

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Ask about DOTmed’s Full-Service Auctions -- “We Do The Work, You Get The Money.”

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RACC Announces The Results of the November 2007 Certified Radiology Administrator Examination

The Radiology Administration Certification Commission (RACC) recently announced that 38 medical imaging administrators who took the Certified Radiology Administrator (CRA) examination during the month of November 2007 received a passing score and are now Certified Radiology Administrators. They may be recognized by the CRA credential after their names. Currently, there are approximately 600 Certified Radiology Administrators nationwide. A listing of the November 2007 CRA candidates appears below.

Raising Professional Standards

The CRA credential is the industry’s first certification program for medical imaging administrators and is administrated by the RACC, which is sponsored by AHRA, the association for medical imaging management. The CRA program is designed to elevate professional standards, enhance individual performance and recognize administrators who demonstrate knowledge essential to the practice of medical imaging management.

To sit for the examination, candidates were required to meet experience, education and other credential requirements. The CRA website (www.crainfo.org) contains a description of eligibility requirements.

The 5 Domains of Expertise

The test consisted of 185 questions. Approximately 30% of the questions were based on knowledge, 40% tested application skills (problem solving) and 30% involved analysis. The test focused on five domains:

- Human Resource Management
- Asset Resource Management
- Fiscal Management
- Operations Management
- Communication and Information Management

To maintain the credential, CRAs must submit 36 Continuing Education (CE) credits and pay a $150 renewal fee every three years.

The RACC and AHRA congratulate the following new CRAs:

Ted Adams
Teresa E. Amelung
Mildred A. Aviles
Donna Bogari
Jennifer Brase
Phyllis Briaud
Ginny Carpenter
Angela R. Colbert
Scott Cummins
Steve Davis
Brenda DeBastiani
John Desiderio
Kimberly G. DiMichele
Santa Maria Dobrogowski
Rita Edwards
Carmen L. Green
Louise C. Hill
Keith Indeck
Corinne Jackson
Thomas Kelly
The Radiology Administration Certification Commission is the governing body for the CRA program. For more information about the CRA program and the RACC, visit www.crainfo.org. AHRA, the association for medical imaging management, is the preeminent organization for leaders in medical imaging sciences. More information about AHRA can be found at www.ahraonline.org.

doctor.com  [DM 5582]
CT
Sales & Service Companies

Today’s reimbursement market is favorable for hospitals, but imaging centers are suffering.

By Barbara Kram
Computed tomography (CT) is a multi-billion dollar worldwide market, with more than 60 million CT procedures performed each year in North America. “This year,” predicts Kerry Tucker, Vice President of Supply Chain Services for group purchasing giant Broadlane, “roughly 41 percent of hospitals will be purchasing a new CT.”

But it’s a different story for the free-standing imaging centers. DRA reimbursement cuts by Medicare for imaging procedures done outside of hospitals are taking their toll.

Some centers are consolidating, with others in bankruptcy or closing, industry experts have told DOTmed Business News. Fortunately a proposal to cut Medicare reimbursements for most CT angiography (CTA) has just been rejected by the Centers for Medicare and Medicaid Services after an outcry from physician groups.

The CT procedure growth rate is down in recent years. “With the impact of DRA reimbursements and radiology benefits management [which determines payment from insurers], the procedure growth rate will taper off to 7% [yearly] as opposed to the 10 to 12% rate we had seen in the past,” said John Steidley, Vice President of Marketing for CT, Philips Healthcare, Cleveland, OH.

“Over the past year and a half we have seen the market come down significantly in North America. We still see the market growing globally but in North America there’s been a significant market correction.”

Some recent good news for CT is that the American Cancer Society, American College of Radiology and other medical groups have endorsed CT colonography or so-called “virtual colonoscopy” as a front-line screening for detecting colon cancer, the third most common cancer and second leading cause of cancer deaths in the U.S.

“Multi-Slice Envy” a Common Feeling

Over the last decade the race to acquire ever-higher-slice CT scanners has escalated from 4, 8, 16, 32, 64, up to 256. In the face of ever-changing technology, it appears that healthcare providers are beginning to settle into the level of technology that works for them – that is to say, if you’re not doing angio CT, do you really need a 64-slice – or higher –machine?

“In CT and almost every other modality, [OEMs] have saturated the imaging field with new machines with varied capabilities over the past five to eight years. Now that the economy is really slowing down, hospital managers and finance people are putting a crimp on spending,” said Leon Gugel, President, Metropolis International, Long Island City, NY. The company buys and sells used CT scanners. “Because of this saturation there is no real value in upgrading if their CTs are doing what they were meant to do.”

Philips reports a convergence in the market. “What we do see is a ‘flight to value’ with customers thinking about whether they need a 64-slice scanner in every CT location…. “We see the market converging on 16-slice as a value segment, 64 as a mid-tier…and the 256 or Brilliance iCT as the new premium segment,” Steidley said of the company’s brand.

Lower-slice scanners still do yeoman’s service in many applications, however, some radiology benefits managers, who call the shots on whether insurers will pay, are requiring newer, multi-slice technology.

“We are noticing that the 16-slice today is becoming like the 4-slice in the past,” said Joseph Cooper, Senior Manager of the CT business unit, Toshiba America Medical Systems, Tustin, CA. “We are also noticing many healthcare facilities purchasing 32-slice scanners.”

The other big headline in CT lately is a growing concern over radiation exposure for patients. Several OEMs are leading the way to address this issue. For example, Toshiba is maximizing image quality while lowering exposure with its ground-breaking Aquilion ONE, a scanner that uses dynamic volume axial technology, rather than the helical design used in most multi-slice scanners. The speed of the Aquilion ONE and other features effectively lower radiation dosage. The system can scan an organ in...
One rotation using 320 ultra high resolution detector elements. The company also makes a full line of multi-slice scanners from 4- to 64-slices ranging from about $500,000 up to $1.3 million, with the Aquilion ONE priced around $2.25 million.

Smaller OEMs are also carving niches. For instance, Xoran Technologies, Inc., Ann Arbor, MI makes compact, extremely low-radiation CT scanners. Used for scanning the head, they are portable for a doctor’s office, bedside, OR or ICU. “The most significant benefit for a hospital is the ability to free up expensive, full-body CT scanners,” said Susie Vestevis, Corporate Communications Specialist.

**The Market May Be in a “Pause Mode”**

Overall, the market for new equipment may be at somewhat of a standstill, several experts reported.

“The U.S. [market is] in a pause mode right now. It is trying to digest three distinct forces — the DRA, political transition, and changing technology. Once those free up, the market in the U.S. will replicate [the growth] we see globally,” said Dominick Smith, General Manager of Marketing and Advanced Applications for CT Global Business, GE Healthcare, Waukesha, WI. “The fundamental demand in terms of patients needing procedures is there. People are not getting younger and there are a lot of fundamental demographics which are favorable to healthcare,” he said of America’s aging population.

The OEMs did not deny that prices are down for new CT scanners. “There is a natural price reduction that happens over time and we have seen a slight reduction of the existing multi-slice platform,” Cooper said. “There has been a big decline in the market in the free-standing imaging center space. However, there are increased opportunities in the hospital space. There is consolidation in imaging centers. A lot of hospitals are trying to partner with the imaging centers. There is definitely going to be an increase in the opportunities to provide imaging services or equipment to these providers.”

Some industry insiders predict a greater demand for the more expensive, higher-slice and faster scanners.

“There is a fair amount of consolidation going on among imaging centers. Where there is consolidation, there is a movement toward larger scanners, which do more volume,” said Martin E. Zimmerman, President and CEO, LFC Capital, Chicago, IL, specialists in equipment financing. “The cost cutting is driving providers to examine all possibilities to generate greater efficiency. And that means merging or consolidating, reducing overhead, and providing better service to attract patients. Having the latest equipment does count for something when it comes to referrals, more than that is the ability to handle high volumes and variable volumes.”

“The only ones that will be left are big centers that can afford to buy new OEM equipment,” predicted Sal Aidone, Vice President, Deccaid Services Inc., Deer Park, NY. “But that is not a way to reduce healthcare costs. And it will put the small imaging center out of business [as well as] brokers that sell older equipment. It hurts everybody in the industry.”

“I have noticed a lot of freestanding centers in the Southeast closing due to not being able to afford an 8-slice or higher scanner. The larger, health system-owned centers can afford 16-, 32-, or 64-slice systems. They get a better deal [when buying CT technology] because of the higher volumes of [multi-modality systems they purchase from manufacturers],” said Billy Paniha, Right Coast Medical Imaging, Huntersville, NC.

It’s generally a buyer’s market for CT with plenty of inventory available.

“The current market conditions have been extremely beneficial to third party providers.”

Tim Austin, President, Austin’s X-Ray Service, Swanton, OH
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& GE T2100 Treadmill

and get

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GE MARS Basic Software

FREE!

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Patient Monitor

and get

GE Monitor Rolling Stand
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“There is stuff to buy. There is no shortage,” said David Denholtz, CEO Integrity Medical Systems, Inc., Fort Myers, FL. “If somebody wants a multi-slice scanner there are plenty of 4, 8, 16 on up. And there will be more inventory because places are going out of business.”

Independent Service Organizations Holding Steady

While 2007 was a challenging year for the OEMs, most Independent Service Organizations (ISOs) are expecting steady sales in 2008 for pre-owned equipment. They also expect new service opportunities for equipment coming off of OEM service contracts or warranty.

“The current market conditions have been extremely beneficial to third party providers,” said Tim Austin, President, Austin’s X-Ray Service, Swanton, OH.

“Any time the market is tight, facilities pay more attention to how they are spending money. During these times they tend to look to third party providers because they can usually offer lower prices.”

In speaking with independent service organizations, DOTmed estimates that hospitals can save 15-40% on CT service by using an ISO instead of the manufacturer. (Note: It is important to do your homework when choosing an ISO. Make sure that they stock CT parts and have trained service engineers available regularly. Many health care providers go to DOTmed.com to see online ratings for ISOs provided by their customers. See...
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the list at the end of this story: DM 100 companies are the highest ranked, while DOTmed Certified indicates a favorable evaluation by a different assessment process.)

“I think the market conditions are good for third party providers,” said Lynn Williams, President, Advanced Imaging Management, The Woodlands, TX. “It feels much like the mid to late 1990s again in that the user is really doing their homework and looking for a cost-cutting edge, and the third parties have really raised the standard for equipment and service.”

Not all ISOs share in market optimism, however. It appears that supply and demand may both be down.

“Outpatient imaging centers are not buying new equipment; they are either holding their breath or going out of business,” said Tommy Geske, CEO, Sunrise Medical Technology, Inc., Waxahachie, TX. He noted that you would expect the used medical equipment market to be flooded with inventory right now, but the protracted bankruptcy process that some clinics face is holding the assets hostage. “This tells me that a year from now there will be a huge glut [of equipment] on the market, but right now things are tied up.”

“The repercussions of the DRA are now being felt. There is less demand for used systems and I thought there would be more demand because of the cuts. I thought it would be better for [ISOs] because there is less money to buy new capital equipment, but that is not the case,” said John Pereira, CEO, United Medical Technologies, Inc., Fort Myers, FL. He has a client with a dozen multi-site, multi-modality imaging centers that typically upgrade each year, but not in 2008. “They are starting to feel the pain. We see people being frugal because they don’t have the money to upgrade their systems. So there is a shortage of buyers and not many trade-ins coming out.” He noted that although hospitals are not directly affected by DRA cuts, they are holding off purchases of used equipment, perhaps because of lower prices on new equipment. (Also, many hospitals have imaging centers within their operations and the DRA affects their bottom line.)

So, have current market conditions been beneficial to third party providers? “Yes and No!” Billy Paniaha emphasized. “‘Yes’ on the service contract side because of the high costs that these smaller hospitals are required to pay from the OEM. So hospitals are looking to third party [service providers]. ‘No’ on the upgrade side for the multi-slice CTs because of the smaller reimbursements [making it hard to cover operating costs].

International markets for CT equipment remain strong – in part because of the weak dollar – and many ISOs, like OEMs, are positioned to take advantage of it. One example is ElsMed Ltd., Holon, Israel, with U.S. offices in Tampa, FL doing business as Relaxation, Inc. (named for a non-claustrophobic MR design).

“We have a lot of demand for fully refurbished CT scanners worldwide and are active mostly in Eastern Europe and Africa,” reported Vice President Rami Marom. The company, which specializes in Philips, purchases used CT equipment in the U.S. then refurbishes the systems at its technical center in Israel for installation worldwide. They also provide parts and service. “Medical centers that cannot afford new equipment can have the same performance in used, like-new equipment and get return on investment in one year, which is excellent,” Marom said. He has noticed more systems becoming available in the U.S. in the past year.

“We are noticing that the 16-slice today is becoming like the 4-slice in the past.”

Joseph Cooper, Senior Manager of the CT business unit, Toshiba America Medical Systems, Tustin, CA
Service Comes in Many Flavors and Prices

Inside a CT scanner are carbon brushes that are worn down by spinning gantries. The machines need regular cleaning of carbon dust and maintenance to prevent damage from electrical arcs. The dust can also clog the cooling system and bearings. Preventive maintenance or PMs, which include cleaning and lubrication, are a minimal service need.

As with sales of used equipment, ISOs can save providers money on servicing CT equipment. The level and duration of service contracts vary widely as do the terms. Longer-term deals, up to seven years, are more popular lately, as is leasing equipment. Also to save money, some providers are getting insurance instead of service contracts, or getting time and materials contracts instead of paying a monthly fee. Hospitals are also negotiating national contracts through group purchasing organizations to increase their bargaining power.

The OEMs provide a schedule for PMs which any reputable ISO company can provide. Some plans allow the servicer to monitor and intervene for service or repair. Others put the onus on the owner to make the call for service. Yet another negotiable factor is the availability of the service company.

“Our base program includes extended hours. Monday through Friday, 8 a.m. to 8 p.m. is our minimum, and we will certainly go beyond that,” said Charles “Chuck” Gauthier, General Manager, Imaging Services, Streamwood, IL, a subsidiary of Shared Imaging. “Our radiology imaging customers are in the same business we are in: they provide a service. They service their physicians in the community. In order for us to enable them to be successful, we have to be focused on their business and do what it takes to keep them up and running.”

This is a refrain from many ISOs, who pride themselves on their availability and responsiveness. Most are OEM-trained and have multiple parts sources; many have the ability to test parts on operational systems.

“A smaller company will have flexibility to adjust to any kind of changes that the customer might need, whereas OEMs are rigid and have policies and procedures to follow,” said Greg Kramer, President, C&G Technologies, Inc., Jeffersonville, IN. The company has developed advanced quality control procedures including bench testing, system testing, staging bays, and system tests of parts. “A small company usually has more of a personalized relationship and is more eager to jump through hoops to meet special needs of the customer.”

Dealing With The Big-Ticket Price of The X-ray Tube

Regardless of service, the most important item to consider in a maintenance plan is the X-ray tube. An estimated 30 to 50% of the cost of a CT and its maintenance is solely earmarked for the X-
ray tube, a $100,000 to $200,000 part (and sometimes more) inside the scanner. The degree to which the healthcare provider assumes liability for the tube will determine the cost of the maintenance plan.

“We tell people to buy a full service contract and buy tubes only when you need them,” Kramer advised. “We try not to raise the cost of the contract to cover the cost of X-ray tubes.”

Another approach is to share the liability for the tube with the service company. It will likely be cost-prohibitive for the healthcare provider to assume all risk, although it may work for equipment you plan to replace when the X-ray tube expires. Many providers enter into a shared risk arrangement with an ISO. It will likely be cost-prohibitive for the healthcare provider to assume all risk, although it may work for equipment you plan to replace when the X-ray tube expires. Many providers enter into a shared risk arrangement with an ISO. This is far less costly per month than assuming all risk and it means that you’ll pick up the agreed risk percentage for the replacement cost of the tube when needed.

“In all candor, the market right now will not support full service contracts with glassware [X-ray tube coverage], so enter into an agreement with an inducement for the servicer to respond quickly,” suggested Geske, referring to negotiable guaranteed response times for service.

When the time comes to replace the tube, you’ll need to choose new or used. For instance, C&G Technologies, Inc., completely refurbishes tubes using a specialized process that they say extends the life of the part. “That takes a major cost item and gives the customer a level of comfort. It takes one of the dice rolls out of the equation,” Kramer said.

Understandably, the tube-makers recommend new glass, which comes with a warranty. “The value proposition that Dunlee brings is we are an OEM, so we can deliver OEM quality but not at the OEM prices,” said Thomas T. Spees, Director of U.S. Sales for Dunlee, a division of Philips Healthcare. Their low prices allow ISOs to sell tubes for about 20% less than the OEM.

Another leading tube-maker is Varian Interay, Charleston, SC. “In many cases and many models of CT scanner, we have actually extended the life of the CT scanners for our customers by offering value-priced CT tubes,” said David Hurlock, International Marketing Manager.

Many service arrangements are available to meet the bottom line of hospitals and imaging centers as the CT market adjusts to challenging forces. Ultimately, despite reimbursement cuts, the innovation and capability of computed tomography—plus the killer app of colonography—may overcome all economic obstacles so that CT continues to lead medical imaging into the future.

(Editor’s note: Watch for a related story on X-Ray tube protection plans in next month’s issue of DOTmed Business News.)
**DOTmed Registered CT Sales and Service Companies**

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*Names in boldface are Premium Listings.*

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<td>Christi Kukes</td>
<td>DMS Health Group</td>
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<td>Gary Provenzano</td>
<td>Proton Services, Inc.</td>
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<td>Joseph Jenkins</td>
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<td>Sal Aidone</td>
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<td>Leon Gugel</td>
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<td>Long Island City</td>
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<td>John Kollegger</td>
<td>Bay Shore Medical, LLC</td>
<td>Ronkonkoma</td>
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<td>Tim Wright</td>
<td>Virtual Medical Sales, Inc.</td>
<td>Syracuse</td>
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<td>Tim Austin</td>
<td>Austin’s X-Ray Service</td>
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<td>Trey McIntyre</td>
<td>International Medical Equipment and Service, Inc.</td>
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<td>David Hurlock</td>
<td>Varian Medical Systems, Inc. - Interay</td>
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<td>Ward Huddleston</td>
<td>Med Image Systems, Inc.</td>
<td>Bartlett</td>
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<td>Ronald O'Leary</td>
<td>Medical Digital Imaging of Texas</td>
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<td>Michael Webster</td>
<td>Legacy Medical Imaging</td>
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<td>Lynn Williams</td>
<td>Advanced Imaging Management</td>
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<td>Tommy Geske</td>
<td>Sunrise Medical Technology, Inc.</td>
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<td>Carl Hoffman</td>
<td>Blue Ridge Medical Imaging</td>
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<td>Florian Dickopp</td>
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<td>C-MAX Healthcare</td>
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<td>Rami Marom</td>
<td>ElsMed Ltd &amp; Relaxation, Inc.</td>
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<td>Joseph Dar</td>
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<td>SewaSingh Dhimaan</td>
<td>Dynamic Bio - Medical systems</td>
<td>Maurya Enclave</td>
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<td>Himanshu Gupta</td>
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**LASER – IPL**

#245215 - GE X-Ray Tube Part #D3172T, D3131T, D3132T, MX200, 2137130-2, 2137130-4
Performix MX200 CT Tube, February 2002, p/n 2137130-3 for GE LightSpeed QX/i, NX/i, ZXi and HiSpeed CT/i.
Performix ADV Tube Glen Harris, J&M Trading, Inc.

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• 1999 Philips BV 300 9” II – available now – in TX
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• 2005 Siemens Symphony (Fixed) Maestro, Syngo, Quantum – in NV
• 2003 Siemens Symphony Mobile Maestro, Syngo, Quantum gradients
• 2003 GE Light Speed QXI – in TX
• 2002 Siemens Sensation 4 – in NJ (2 units)
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• 2002 Siemens Biograph Single Pet/CT

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#306175 - SIEMENS Polystar Angio Lab 20000
1996 Siemens Polystar AngioLab * Polystar SX50 generator * Polystar C-Arm
Peter Schliebner, Benchmark Imaging Group

AUDIOMETER

#458994 - TYPAMY Otogram A3300 Audiom Audiometer $22,000.00
Tympany Otogram Model A3300 available. Troy Appleton, Matlock Endoscopic Repairs 615-294-6362

BED SIDE STAND

#243265 - UNKNOWN 3 Drawer Bed Side Stand $95.00
We have 120 of these bed side tables. Nancy M. Mills, Mid-America Medical

BEDSIDE MONITOR

#410894 - HEWLETT PACKARD 1205A Bedside Monitor $1,350.00
The Hewlett Packard M1205A portable color monitor has been tested and is patient ready. Jason Eden, Bio Basics Global

C-ARM TABLE

#459237 - ADC Preowned tables C-Arm Table $1,600.00
Diagnostix Plus resells various preowned imaging tables which are fine low cost substitutes to new imaging tables for the budget conscious buyer. Don Bogutski, Diagnostix Plus Inc. 516-536-2671

#459241 - OTHER Pre-owned C-Arm Table $1,600.00
Diagnostix Plus resells imaging tables which are fine low cost substitutes to new imaging tables for the budget conscious buyer. Don Bogutski, Diagnostix Plus Inc. 516-536-2671

CR

#278121 - AGFA CR 35-X opt. Mammo CR $59,000.00
We have six AGFA CR 35 in stock, brand new systems (original crated) including QS lite and 4 cassettes. Alexander Prox, Medtec GmbH Germany

CT MOBILE

#456183 - SIEMENS Emotion 6 CT Mobile
FOR RENTAL ONLY $22,900 per month for 6 month rental Transportation included (some limitations may apply). Lynn Williams, Advanced Imaging Management

#456181 - GE Lightspeed 16 CT Mobile
FOR RENTAL ONLY $31,900 per month for 6 month rental Transportation included (some limitations may apply). Lynn Williams, Advanced Imaging Management

CT SCANNER

#456624 - GE ProSpeed Plus CT Scanner
Inst. Florian Dickopp, Medicoepx GmbH

#417064 - SIEMENS SOMATOM AR.Star CT Scanner
MFG: 1999; 221k scans; ROTANX M-CT141 of 2004/53k scans; Diagnostic Console; Host Computer; Imager Computer; Optical Disk; OEM Serviced; Europe; avail.
Florian Dickopp, Medicoepx GmbH

#459115 - MARCONI MX8000 Quad NEW TUBE CT Scanner $65,000.00
MX 8000 4-slice System SN: 9098 System Identifier 1762568831 In 2004 it was upgraded to Software version 2. Mitchell Guier, North American Medical 660-335-9946

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Video Colonoscope in excellent condition. Adam Rudinger, Lex-Tech, Inc.

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NEW Continuous Passive Motion (CPM) $2,300.00
New K3 Artromot Knee CPM
Mike Jensen, OrthoMedical Inc

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#460167 – ZOLL D900 Defibrillators
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Philips FR2 AED - includes unit - carrying case - new pads - new battery - bio Pam Gall, Foremost Equipment

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The AED has been tested and is patient ready. Jason Eden, Bio Basics Global

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#456856 - BURDICK MEDIC 5 ECG Defibrillators
Compact system is ready anytime, anywhere. Yolanda Diaz, Star Asset Recovery

CARDIAC - VASCULAR ULTRASOUND

#464043 – SKIDMORE MEDICAL V- CORDER Cardiac – Vascular
Vicorder Vascular Lab in good condition. Bob Gaw, PRN 508-679-6185

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Imex Lab 9100 in excellent condition. Troy Appleton, Matlock Endoscopic Repairs

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Eight lines: $175
Sixteen lines: $325
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Brandnew Laserprinter (original crated), several units available, unit can be installed by our technicians, more info via mail.
Alexander Prox, Medtec GmbH Germany

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Lam Probe Model 4000 Brand New Machine - our favorite seller! Every client you have needs this machine and that generates revenue. Mark Lynch, Wholesale Medical and Spa Equipment 866-948-1209

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2001 Ellis & Watts PET Trailer being converted for CT Scanner of your Choice. William King, KING Equipment Services, Inc.

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**#452828** - RITTER 75E Model 230-004 Exam Chair $6,000.00
With foot pedal and hand boards.
Joseph Krosak, Krosak Enterprises

**EXAM TABLE**

**#234995** - MIDMARK 414 Exam Table
This universal power table has blue vinyl covering in good condition.
Nancy M. Mills, Mid-America Medical

**GASTROSCOPES**

**#354562** - OLYMPUS GIF-Q30 Gastroscope $5,000.00
Olympus GIFQ30 Gastroscope, 5mm 0° Autoclavable Gastroscope.
Cornel Cacuci, Axis Endoscopy Inc.

**#455488** - OLYMPUS GIF 140 Gastroscope $4,500.00
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Stryker 5mm 30° Autoclavable Laparoscope.
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5mm 0° Autoclavable Laparoscope.
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**#458139** - PURITAN BENNETT 21A Liquid Oxygen System
Puritan Bennett 21A Patient Ready With Warranty. Todd Durham, Cryogenic Solutions

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**#83736** - LEYBOLD RG5610 Cold Head MRI Coldhead
Remanufactured to original specifications. Marc Fessler, Independence Cryogenic Engineering

**#41079** - OLYMPUS Evis GIF Type 1T140 Gastroscope $4,000.00
Olympus Evis GIF Type 1T140 Gastroscope. Mitchell, Guier, North American Medical

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**#88610** - FLEX MEDICAL 2D Instrument Cart $400.00
CART - New - Excellent Quality Stainless Steel Carts. Daren Price, Flex Medical

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**#241808** - BREIS Rollux D Mammo Processor $29,800.00
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Jack Donovan, Broadwest Corporation 800-232-2948

**MAMMO COMPRESSOR**

**#113099** - SUMITOMO CSW71D MRI Compressor
Remanufactured Sumitomo compressor available. Marc Fessler, Independence Cryogenic Engineering

**MAMMO UNIT**


**#397669** - ICAD Second Look Mammo Processor
This unit is in very good condition and ready to ship. Richard Fosco, HealthWare Inc.

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**#418244** - ELECTRO-ACUSCOPE MY-O-PULSE 75C Micro-Current $4,995.00
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**#415341** - FAXITRON MX-20 Mammo Unit $9,500.00
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**#456560** - AEA TECHNOLOGY VIA Bravo MRI II MRI Tools $2,395.00
Vector Impedance Analyzer for testing or tuning MRI Coils 0. Paul DeWinter, AEA Technology, Inc.

**#456561** - AEA TECHNOLOGY VIA Bravo MRI MRI Tools $1,995.00
Vector Impedance Analyzer for Testing or Tuning MRI Coils 0. Paul DeWinter, AEA Technology, Inc.

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**#395602** - SUMITOMO CSW71D MRI Compressor
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Invivo M12 Patient Monitor: 1. Pam Gall, Foremost Equipment

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#438847 - BURTON Outpatient II Minor O/R Light $900.00
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#450778 - SCI-CAN Statim 5000 Ophthalmology General
New and refurbished models available. Judy Pottinger, Foresight International, S.A

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#455548 - DATEX-OHMEDA TuffSat (New) Oximeter + Pulse $339.00
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**OXGEN CONCENTRATOR**
#436656 - OXLife 6 Oxygen Concentrator $599.00
OXLife 6LPM Concentrator with OCI Unit is Flawless! ONLY 25 ACTUAL HOURS Spencer Sommers RRT, Covalent Technologies

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#385835 - AMERICAN OPTISURGICAL Horizon Phacoemulsifier
The Horizon Phacoemulsification System is a complete anterior segment surgical system. Judy Pottinger, Foresight International, S.A

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#389756 – 3M 3000 Pump I/V Infusion
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**PUMP I/V INFUSION**
#458267 - GE Proteus Rad Room
2001 Proteus rad room available mid-May. Pete Schliebner, Benchmark Imaging Group

**SPECTRA**
#456904 - DIGIRAD Dealers Special SPECTpak C SPECT Camera $89,500.00
Asking Price: $89,500 USD Condition: Good For Sale by DIGIRAD: Solid-State Cardiac SPECT Cameras Modern factory-recertified solid-state cameras. Claudia Perez, Digirad Corporation

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#402264 - GE LOGIQ e Shared Service Ultrasound
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#132141 - MAYO Mayostand Stainless Steel Items $160.00
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#459320 - AMSCO 3000-2 Sterilizer
$4,995.00
Amsco 16x16 Washer/Sterilizer. Steve Beno, Sterilizer Services, Inc.

**STONOMETER**
#375269 - ICARE ICare Tonometer / Tono-Pen
$3,500.00
The iCare-Tonometer is used in the diagnosis, follow up, and screening of glaucoma. Judy Pottinger, Foresight International, S.A

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#347166 - TRU-TRAC RT-99 Traction Devices
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this traction table with traction unit is in good working condition. Joseph Jackson, Community Physical Therapy

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**VET. ULTRASOUND**
#457478 - CAREWELL CUS-3000V Vet. Ultrasound
$5,799.00
New Carewell CUS-3000 Veterinary Ultrasound Scanner now available! Kristopher Kaestner, Professional Medical Systems, Inc.

**VIDEO ENDOSCOPY**
#413924 - OLYMPUS CV-160 & CLV-160 Video Endoscopy $13,495.00
Olympus CV-160 Video Processor complete with CLV-160 Olympus Light Source. Mark Charaf, Global Medical Equipment Inc.

**WHIRLPOOL**
#346959 - WHITETHAL Jo.55A Whirlpool
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#459835 – MRI Service Engineer. GE MRI service engineers wanted for various markets in the U.S.

#459830 – CT Service Engineer - West Virginia, USA. Must have extensive training on the Light Speed series CT.

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#459529 – Nursing Technician - Washington, USA. Looking for a Cath Lab RN to work a 13 week travel assignment.

#457347 – Disposables Technician - South Carolina, USA. Production Supervisor in their high speed manufacturing operation. $60,000 USD.

#436585 – CT Service Engineer - Tennessee, USA. Independent imaging company seeks senior service engineer with multi modality experience. 80k plus.

#459520 – Nuclear Salesperson - California, USA. Direct sale of company services to accounts within the designated region.

#457504 – Salesperson - Michigan, USA. In-house interim mobile imaging rental salesperson.

#456533 – Oncology Technician - Oregon, USA. Our Client is seeking an experienced dosimetrist for highly desirable northwest location.

#457375 – Biomedical Technician - West Virginia, USA. Sterilization engineer for ethylene oxide sterilization operation. $80,000 USD.

#456520 – Nursing Technician - Illinois, USA. Cardiac Cath Lab RN travel opportunity in IL. This is a day shift mon-fri.

#455678 – Homecare/Rehab Service Engineer - California, USA. Immediate opening for a medical apparel designer in a growing r&d group.

#457369 – PET Scanner Technician - Washington, USA. Manufacturer of cardiac monitors for the hospitals has an immediate need for software engineers. $60,000-80,000.

#456516 - Ultrasound Technician - Arizona, USA. Proficient in general and vascular exams.

#459522 – Cardiology Technician - Nevada, USA. Perform various professional and administrative duties related to nuclear medicine stress testing.

#455677 – Homecare/Rehab Salesperson - New Mexico, USA. Confidential search for a sales representative for the home care markets.
Recent equipment and parts auctions on DOTmed with actual for-sale prices.

CT
PHILIPS CT Scanner Aura. 2002 Philips Aura CT Scanner. A fast, high-resolution Philips CT scanner, with EasyVision workstation and 3D imaging. Sub-second scanning EasyVision workstation 3D imaging Cardiac option (CTA). 3.5 MHU tube, Slices 474,881 Rel. 1.5.L3 software Year of manufacturer 2002 Like-new appearance This unit had been purchased new in 2002 and leased to a small hospital on the West Coast. It was under a manufacturer (Philips) service contract throughout its use. It recently came off lease and was returned in excellent condition. Sold for leasing company. Auction 4617 - $25,500.00

PHILIPS CT Scanner MX 8000 2002 Quad CT Good working condition. Model #: 7180-0609 system Date of Manufacture is 8/1/02. The 6.5 tube — current tube count is 738K. This unit comes with an Envision CT Injector. Has the following system software options: - 3D -Angio/US -Texture -CT angiography. Masterlook -Mastermatch -Time Lapse -Voyager -Q-CTA. The generator power is 60kw. Sold for dealer in Texas. Auction 4320 - $45,000.00

PET

MRI
HITACHI MRI Scanner MRP Coils: Knee, Spine wrap (med and large) 6” x 10” circular, head - Optical disks: Maxell 644 MB MQ WD Dryview 8100 laser camera included. Sold for IMAGING CENTER. Auction 4112 - $5,000.00

HITACHI MRI Scanner MRP 5000 Coils: Knee, Spine wrap (med and large) 6” x 10” circular, head - Optical disks: Maxell 644 MB MQ WD Dryview 8100 laser camera Sold for imaging center in South Carolina. Auction 4112 - $5,000.00

C-ARM
OEC C-Arm 9400. Manufactured 1991 Model Number 871-445-00 MFR - Image Intensifier: Model Number 874515-01 Beam Image Device Model Number 860750-11 Varian Eimac Tube Insert A191 Serial Number 35929.Y1 Focus 0.3x1.0 Housing B-100 Sta- tor R Matrix Instrument Video Imager. Sold for hospital. Auction 4673 - $5,000.00

RADIOLOGY
SIEMENS Portable X-Ray Mobilette II. 1990 Siemens Mobilette II Portable X-Ray Unit. Signal: 1.2 Mass - 400 Mass 5 collimator Field size is adjustable .5cm x 5cm / 45cm x 33cm This unit is in great working condition. Sold for hospital. Auction 4271 - $1,500.00

GE Portable X-Ray AXM II. GE AXM II Portable X-Ray S/N 43477w9. Good condition, as far as I can tell, except that it needs a new battery. Sold for hospital. Auction 4665 - $1,000.00

NUCLEAR
ADAC Nuclear Gamma Camera Epic, manufactured 1998. System Includes: Generator/Model Number 2152-3000A, Pegasys Work Station, Dual Monitors, Processing Terminal, Adac Power Supply Collimator cart, Standard table, 4 Culemators. Sold for hospital. Auction 4318 - $6,000.00

ULTRASOUND
HEWLETT PACKARD Cardiac Sonos 1000. HP SONOS 1000-128CVL, Cardiovascular Release M.4 (1991) 2D, M-Mode, CFI-Color Flow, Doppler, CW, PW, Linear, ECG PROBES: 7.5MHz 2152A 2.5MHz 21200C 1.9MHz 21221A Peripherals: VHS – Panasonic AG-6300 Printer – HP 7750B Sold for broker. Auction 4621 - $2,100.00

GE Ultrasound Transducer 4D10L Transducer. Two identical transducers both in pristine condition. The operational bandwidths is 3.5 to 11 MHz and applications include Small parts, Peripheral vascular and Paediatrics. For use with the GE Voluson system. Sold for broker. Auction 4670 - $999.00

MAMMO
LORAD Mammo Unit MIII. THREE (3) Lorad MIII Portable Mammmos The following is the information: 1st Unit: Manufactured 1995 Model Number 3-000A- 0999 Serial Number 37-0595 X-Ray Tube Info: Varian Eimac Tube Insert Number M-10GGSP Housing Mod B110 Minimum Inherent Control 3845R Lorad Moni- tor/Model Number MM14RAE. Mammo Includes: 6 Compression Paddles 6 Appertures: Cond Down 55CM Max Sid 55CM/Spot Compression 8 CM Spot 8CM Con- tact Spot 8CM MAG. Small Focus Spot Coned Down/Min SID-55CM/Max sid 65CM 2nd Unit/#1996 Model Number 3-000A-0999 Serial Number 37-019D Varian Tube Insert Model/M-10GGSP Housing/Model B- 110 Serial/#9948Z4 1 Auto Appenture/Max Sid 55CM Back of Unit: Model/3-000A-0916 Serial#25-1037 Film ID Part#3-000-2306 Serial#FL1869 Star Printer DP-83403 Third Unit/#1996 Model/3-000A-0999 Toshiba X-Ray Tube Insert/F2769 Insert Serial#70165J Housing/F2769AX Housing Serial#70464J Extra Cas- sette Holder/Model/3-000-1009 Serial#3017980009 1 Phantom 2 Compression Paddles Back of Mammo: Model/3-000A-0916 Serial#3507961461 Autofilm ID 3- 000A-2306. Sold for hospital. Auction 4243 - $3,500.00

BONE DENSITOMETERS
GE Bone Densitometer Lunar Prodigy Advanc 2005 system. Software level 9.15.010. Used for less than 20 procedures per month. Includes: Prodigy Computer, Lunar Direct 17 inch CRT Monitor. Prodigy Printer Price includes GE professionally deinstalling the unit. This is covered by the service contract. This is also optional. Sold for Imaging Center in Florida. Auction 4431 - $25,500.00

IMAGING ACCESSORIES
KODAK Film Duplicator Dryview 8300 Table Top Laser Imager. Both imagers were never used and in the original box. Sold for hospital. Auction 4244 - $5,000.00

ALPHATEK Film Processor AX 700 LE. One Film Processor Alpha Tek Brand: Alpha Tek. Model: AX 700 LE. Condition: Used Working Condition. Fea- tures: - Fully Micro-processor controlled - Stainless construction for mechanical strength - Interchangeable parts ensure cost effective operation and maintenance - Fixed cross-over guides to eliminate scratching - Solid rubber and solid acrylic roller for durability - Modular tank design simplifies service - Jam-free parallel dryer design ensures ease of operation - Films feed in less then 20 seconds - Industrial warm air dryer ensures crisp, smooth radiographs. Sold for ex- porter. Auction 3994 - $1,250.00

O/R - SURGICAL
OMHEDA Anesthesia Machine Excel 210 SE. Omeda Excel 210 SE with Sevo Tec 5 and Isotec 5 Vaporisers Includes Omeda 7900 Monitor. Sold for hospital. Auction 4642 - $5,626.00


HILL-ROM Beds Electric VersaCare manufactured 2004. Comes with a scale, central brakcs and steer, chair position, sliding foot extension, air mattress, sidereals lockout, and battery backup. Sold for dealer in Florida. Auction 4559 - $3,200.00

ENDOSCOPY
STRYKER Video Endoscopy 988 3 chip set. Included: 1 Stryker 988 Camera head 1 Stryker 988 CU 1 Stryker X6000 Light Source 1 WISAP 20L Insufflator Power chords and tubing 2 full sets. Sold for dealer. Auction 4536 - $5,200.00

LASERS

STORZ Cosmetic General D-Actor 100 EPAT. Great shape with light usage. Sold for use. Auction 4263 - $5,000.00

CARDIOLOGY
HEWLETT PACKARD Defibrillators Codemaster XL plus. Set of 4 HP Codemaster XL Plus Defibrillators. All came from local area hospital. Sold for broker. Auction 4584 - $1,000.00

RESPIRATORY
OHMEDA Gas Management System (GSM), Absorver Air Shield Ventimeter controller, Halothane Vaporizer, ForaneVaporizer, Ethane Vaporizer. Sold for exporter in Florida. Auction 3930 - $1,850.00

OPHTHALMOLOGY
NIDEK Fundus Camera NIDEK NM-2000 Handheld non- mydriadic fundus camera with user-friendly color touch screen 10.4 inch led display, High quality tiff format. Sold for medical office in New York. Auction 4423 - $5,000.00

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