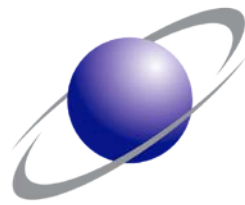




IPS Site Questionnaire

Name of your practice(s):	
Contact person:	
Address:	
City/State/Country:	
Contact number:	
Size of the OR (physical dimensions):	
Total number of practicing physicians:	
Number of sites that you work (facilities, centers):	
Do your networks link together via a network:	
List any locations where you practice:	
Is there a PACs network at the location(s) that you practice?	
How many patients do you see in a week?	
Do you use a C-Arm (please list brand/model)	
Do you use an ultrasound machine (brand/model)	



Interventional Protocol Solution

IPS Site Questionnaire (cont.)

List all of the procedures performed at your site and the frequency of the procedures per month:			
Joint & space injections:			
RFA:			
SCS:			
Discography:			
Epidural catheters:			
Endoscopic procedures:			
PRP:			
BMAC:			
A2M:			
Fibrin:			
ADSC:			
Other:			
Do you have an EMR:			
Do you have a patient engagement protocol			
List any other equipment that may be used in procedures that are performed in your clinic:			
What is your patient payer mix (check all that apply)	<input type="checkbox"/> Medicare	<input type="checkbox"/> Private	<input type="checkbox"/> Self <input type="checkbox"/> Other