

1. Do you currently have a Community Diagnostic Centre (CDC) in place? (Y/N) Y

2. If the answer to question 1 is yes:



d. Do you use any third-party providers for the provision of MRI or CT mobile scanning services and, if so, which providers and do they provide services for your CDC(s) as well (if applicable)?

	<b>Provider name</b>	<b>Provide mobile MRI services (Y/N)</b>	<b>Provide mobile CT services (Y/N)</b>	<b>Provide mobile MRI or CT services within your CDC(s) (if applicable); (Y/N)</b>
<b>Provider 1</b>	In Health Ltd	N	N	Y
<b>[Add more if required]</b>				