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)?

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