



**Contract Number**

**SAP Number**

## Arrowhead Regional Medical Center

<b>Department Contract Representative</b>	<u>William L. Gilbert</u>
<b>Telephone Number</b>	<u>(909) 580-6150</u>
<b>Contractor</b>	<u>American College of Radiology</u>
<b>Contractor Representative</b>	<u>N/A</u>
<b>Telephone Number</b>	<u>(800) 770-0145</u>
<b>Contract Term</b>	<u>N/A</u>
<b>Original Contract Amount</b>	<u>N/A</u>
<b>Amendment Amount</b>	<u>N/A</u>
<b>Total Contract Amount</b>	<u>N/A</u>
<b>Cost Center</b>	<u>N/A</u>

**Briefly describe the general nature of the contract:** Practice Site Accreditation Survey Agreement, including non-standard terms, with the American College of Radiology for the quality survey and accreditation of the ultrasound equipment at Arrowhead Regional Medical Center's Arrowhead Family Health Center - Fontana.

**FOR COUNTY USE ONLY**

<p>Approved as to Legal Form</p> <p>► _____</p> <p>Charles Phan, Deputy County Counsel</p> <p>Date _____</p>	<p>Reviewed for Contract Compliance</p> <p>► _____</p> <p>Date _____</p>	<p>Reviewed/Approved by Department</p> <p>► _____</p> <p>William L. Gilbert, Director</p> <p>Date _____</p>
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