2026 Iowa Certificate of Need (CON) Application

Instructions: 1. Complete all the sections below.2. Provide concise, evidence-based responses, with supporting documentation or data as needed.3. Reference Iowa Code 10A.714, as needed, to complete the application.4. Upload additional documentation, as needed.

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Facility Name
Shenandoah Medical Center

Facility Address
300 Pershing Avenue, Shenandoah, Iowa 51601

Project Title
Shenandoah Medical Center Fixed MRI Acquisition

Project Type
New Equipment

Would you like to request a summary review?
No

1. Applicant and Facility Overview

a. Project Purpose and Objectives:
Shenandoah Medical Center (“Shenandoah” or “SMC”) is located in Shenandoah, Page County, Iowa. Shenandoah seeks approval to acquire and install a fixed MRI system (the “Project”), the Siemens Healthineers MAGNETOM Altea 1.5T Open Bore system, to improve timely access to advanced diagnostic imaging for Page County residents and surrounding communities and to support integrated care delivery.

Shenandoah's main campus is located at 300 Pershing Ave., Shenandoah, IA 51601.
The Project includes equipment purchase and site construction with shielding, HVAC, electrical, architectural services, and installation and training within a new MRI suite addition.

Today, Page County residents and those in surrounding communities face delays in accessing MRI services when the Hospital's mobile MRI unit is not onsite. In 2025, Shenandoah completed 715 MRI exams utilizing a mobile unit that was only available three days per week. Shenandoah expects MRI volumes to increase
exponentially with seven-day-per-week availability, as many patients were referred out to expedite results,

and multiple acute patients were transferred to higher levels of care for diagnostic imaging that was not available on dates when the mobile unit was not onsite.

Shenandoah's objective is to significantly reduce wait times, keep patients closer to home, and coordinate imaging directly with clinical teams to reduce transfers and rural bypass, while significantly improving already established specialty programs within the hospital. Shenandoah has built the clinical infrastructure to
support this Project, including stroke programming, the Robert S. Holmes Cancer Center, and its orthopedic program, all of which are in-house. The fixed MRI will also support referrals from primary care providers and other specialty offerings.

An in-house MRI will reduce patient transfers, improve scheduling certainty, and allow Shenandoah to meet the standard of care locally for oncology, orthopedic, neurological, and other diagnostic imaging needs.

The fixed MRI system offers high diagnostic performance and operational advantages. The MAGNETOM Altea features a short, open design to reduce patient anxiety and claustrophobia, a whole-body superconductive magnet with Zero Helium Boil-Off technology, and advanced imaging capabilities for neuro, cardiac, body, oncology, breast, orthopedic, and pediatric applications. In addition, a fixed MRI unit will also advance Shenandoah's ability to care for bariatric patients and their comfortability.

Additional supporting documentation and specifications related to the MRI system
and related construction are being submitted with this Application.

b. Relationship to Long-Range Development Plan:
Under its long-range development plan, Shenandoah is advancing a coordinated strategy to expand access to specialty care and enhance diagnostic capabilities for the rural southwest Iowa region. Established in 1918, SMC has steadily grown its clinical services and is currently pursuing Commission on Cancer ("CoC")
accreditation, reflecting its commitment to comprehensive, high-quality cancer care.

SMC maintains a robust and expanding provider base, including primary care, emergency medicine, surgical services, cardiology, oncology, orthopedics, behavioral health, and hospitalist coverage. The organization also supports a wide range of visiting specialty clinics, including cardiology, nephrology, neurosurgery, ENT, urology, vascular, and neurology services. As part of its forward-looking recruitment strategy, SMC is actively working to add a podiatrist and an additional full-time orthopedic surgeon, both of which will further increase demand for
advanced diagnostic imaging, including MRI services.

Future planning efforts also include the recruitment of a second medical oncologist to stabilize and expand oncology coverage in the region. This initiative aligns with SMC's broader goal of strengthening local access to cancer care and achieving CoC accreditation, positioning the organization as a leader in rural oncology services.

The proposed Project is a key component of SMC's broader facility and campus development plan, which includes specialty clinic enhancements, construction of a new EMS building, and additional hospital renovations. Architectural concepts have been developed to integrate the MRI suite into the existing clinical
environment, ensuring efficient workflows and proximity to related services.

Consistent with SMC's long-range development objectives, the addition of fixed MRI capabilities represents a natural and necessary progression in its strategic investment in diagnostic imaging and specialty care. This includes ongoing initiatives in stroke care, oncology services at the Robert S. Holmes

Cancer Center,
and the orthopedic program. The Project will support this integrated model of care, improve diagnostic timeliness, and ensure the organization can meet growing regional demand.

c. Description of Proposed Service/Program:
The fixed MRI program will support oncology staging and imaging, orthopedic diagnostics, neurological evaluations including stroke assessment, and a broad range of other diagnostic imaging needs. These services will be embedded within Shenandoah's existing care pathways, integrating with the Robert S. Holmes Cancer Center, stroke programming, and orthopedic services.

Installing the Siemens MAGNETOM Altea MRI system and corresponding materials will require Shenandoah to construct a new MRI suite addition to house the system. This construction is included in the total estimated cost, which is $3,927,981.00, with major cost categories including the equipment purchase, accessories, software, installation, training, warranty/service, and construction to build a new MRI suite with appropriate shielding, HVAC, and electrical support.

A breakdown of the Project costs is as follows:
Category Cost
MRI Equipment (Siemens MAGNETOM Altea)
$1,487,981.00
MRI Suite Construction $2,440,000.00
Total Project Cost $3,927,981.00

The construction budget for the MRI addition includes 2,400 square feet of new construction at a cost of approximately $1,016.65 per square foot. The construction scope includes site work/utilities ($206,388), paving and sidewalks ($44,717), landscaping and planting ($10,319), shell construction ($619,164), interior finishes ($447,174), shielding ($286,650), sprinkler ($34,398), plumbing and HVAC ($378,378), and electrical ($412,776).

The facility layout incorporates a 496-square-foot MRI room, a 190-square-foot control room, dressing rooms, and supporting spaces, including equipment storage.

d. Target Population: Specify geographic and demographic areas.
Under its long-range planning framework, Shenandoah seeks to expand access to advanced diagnostic imaging for patient populations that are currently underserved due to clinical or technological limitations. In particular, SMC aims to better serve patients with implanted medical devices—such as pacemakers and bladder stimulators used in the treatment of incontinence—who often require specialized monitoring during imaging. The addition of a fixed MRI unit with enhanced safety and monitoring capabilities will allow SMC to provide these services locally, reducing the need for patient transfers and improving continuity of care within the community.

The proposed MRI services will also directly support oncology patients served through the Robert S. Holmes Cancer Center. Access to advanced imaging modalities, including breast and prostate MRI, is essential for the early detection, accurate diagnosis, and ongoing management of cancer affecting these populations. By expanding these capabilities, SMC will improve access to timely, high-quality cancer care for patients across its rural service area and reduce reliance on distant tertiary providers.

e. Relation to Existing Provider Network: Summarize relationship with other health care

providers/services in the region.
The in-house MRI will support Shenandoah's existing clinical programs, including the Robert S. Holmes Cancer Center, stroke programming, and orthopedic services, by providing timely diagnostic imaging without the delays associated with mobile unit availability.

f. Funding Sources and Financial Resources: Identify and document sources of funding and financial viability.
The total estimated cost of the project is approximately $3,927,981.00, inclusive of equipment, installation, training, warranty/service, and required construction. This total consists of $1,487,981.00 for the MRI equipment (Siemens MAGNETOM Altea) and $2,440,000.00 for MRI suite construction.

Shenandoah has the capacity to purchase the MRI system using available capital funds. SMC will fund the MRI equipment through these available capital resources and intends to seek a USDA direct loan to finance the associated construction costs.

Current # of Beds (if changing)

Current bed type (if changing)

Requested # of Beds (if changing)

Requested bed type (if changing)

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2. Community Need and Service Gaps

a. Description of Need:
Residents of Page and Fremont Counties, Iowa, and surrounding rural communities currently experience delays in accessing MRI services due to SMC’s reliance on a mobile MRI unit with limited availability. This access limitation is particularly significant given SMC’s location along the county line and its operation of two satellite primary care clinics in Fremont County, where there is currently no fixed MRI resource available. At present, the mobile unit is onsite only three days per week and provides approximately 16 scheduled imaging slots weekly. As a result, typical wait times to obtain an MRI range from four to six days and may extend beyond one week once available appointment slots are filled. These constraints delay diagnosis and treatment, particularly for patients requiring timely imaging, and contribute to unnecessary outmigration for care. The addition of a fixed MRI unit will significantly reduce scheduling delays, improve care coordination with on-site clinical teams, and allow patients to remain within their local healthcare system.

In 2025, SMC performed 715 MRI exams despite these access limitations, averaging approximately two scans per day over a 30-day period. Demand for MRI services is expected to increase substantially with expanded availability. Based on current referral patterns and unmet need, SMC projects volumes of approximately five to six MRI scans per day during weekdays, with additional urgent and emergent imaging performed on weekends. The current limitations of the mobile unit frequently require patients to be referred to outside facilities to expedite care, particularly when imaging is needed on days when the unit is not onsite.

Limited MRI access also directly impacts emergency department operations and

patient outcomes. In 2025, more than 300 patients were transferred from SMC's emergency department to higher levels of care, with approximately 34 of those transfers—over one-tenth—attributable to the lack of in-house MRI capabilities. These cases included patients presenting with conditions such as suspected cerebrovascular accidents and acute spinal injuries with significant neurological symptoms. For example, within the past week alone, two patients required transfer for urgent lumbar spine MRIs to evaluate suspected herniated discs causing motor dysfunction, as timely diagnostic imaging could not be performed locally. The availability of a fixed MRI unit would allow SMC to retain a meaningful portion of these patients, improve diagnostic timeliness, and reduce avoidable transfers.

SMC has already established the clinical infrastructure necessary to support a highquality, integrated diagnostic imaging program, including stroke services, oncology care through the Robert S. Holmes Cancer Center, and a robust orthopedic program. The addition of a fixed MRI unit is essential to fully realize the capabilities of these service lines, support referrals from primary care and specialty providers, and meet the growing demand for advanced imaging within the region.

b. Assessment of Existing Services and Gaps:
Existing MRI access at Shenandoah is constrained and dependent on the mobile MRI unit's three-day-per-week availability, producing delays and fragmented care for patients requiring urgent or timely imaging. The mobile unit's limited availability results in patients being referred out or transferred to higher levels of care for diagnostic imaging.

Existing MRI services do not currently provide MRI breast imaging, while having limited abilities to perform MRI imaging of the prostate. In addition, the mobile unit has limited resources in monitoring embedded patient medical devices such as pacemakers and bladder stimulator implants to improve patient incontinence.

c. Alternatives Analysis:
i. Continued Mobile MRI: As discussed in the foregoing section, Shenandoah's mobile MRI completed 715 exams in 2025 with only threeday-per-week availability. In 2025, the mobile MRI cost $282,245.00. Many patients were referred out to expedite results, and multiple acute patients were transferred to higher levels of care for diagnostic imaging that was not available on dates when the mobile unit was not onsite. Continued use of the mobile MRI may be less capital-intensive initially but fails to resolve scheduling bottlenecks, delays, and care fragmentation. This option remains inadequate for urgent/complex cases.

d. Accessibility Considerations:
Local MRI access will reduce transportation time and costs, minimize time away from work and family, and improve equity for rural patients by providing advanced diagnostics closer to home. Services will be available for patients regardless of the patient's ability to pay.

e. Community Input/Support:
The proposed Project has received strong and consistent support from the community served by SMC, reflecting a clear need for expanded local access to advanced diagnostic imaging services. Community engagement efforts have included both formal and informal opportunities for input, all of which have demonstrated broad-based endorsement of the Project.

SMC's Patient Family Advisory Committee ("PFAC"), comprised of six community members, has expressed strong support for the addition of fixed MRI services. As representatives of the patient population, PFAC members emphasized the importance of timely access to diagnostic imaging and the benefits of receiving care locally rather than traveling outside the region.

The Project was also presented at a meeting of the Shenandoah Chamber and Industry Association ("SCIA"), which was attended by more than 60 community members, including local business leaders and residents. The presentation included an open question-and-answer session, during which attendees voiced resounding support for the Project. Feedback highlighted the value of reducing travel burdens, improving access to care, and strengthening the local healthcare infrastructure.

In addition, SMC has engaged directly with local healthcare stakeholders, including the Director of the area VA Community-Based Outpatient Clinic ("CBOC"), who expressed strong support for the Project and its potential to benefit local veterans. As noted by the CBOC Director, "This would be wonderful for our local veterans. We would definitely utilize this through Care in the Community, as our veterans always want to get their care as close to home as possible." Local providers, including two Doctors of Chiropractic, have also indicated their support, citing the importance of improved access to MRI services for timely diagnosis and treatment
of musculoskeletal conditions.

Collectively, this input demonstrates a well-documented and widespread community interest in the Project, as well as a strong alignment between the proposed MRI services and the healthcare needs and preferences of the population served by SMC.

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f. Non-discriminatory Access:
Shenandoah will provide access without discrimination, consistent with its obligations as a rural hospital serving diverse populations, and inclusive of allopathic and osteopathic practices. The MRI program will follow standard nondiscrimination policies applicable to all imaging services.

3. Impact on Existing Providers

a. Impact Assessment:
Local MRI capacity at Shenandoah will reduce forced referrals to distant facilities and relieve pressure on the limited mobile MRI availability, addressing a documented access gap while enhancing coordination and timeliness for patients requiring diagnostic imaging. This right-sized addition in a rural setting is designed to minimize unnecessary duplication by meeting demonstrated demand within Shenandoah's established patient base.

b. Community and Economic Impact: Broader system effect and value-added to the community.
Local MRI access supports earlier and more efficient cancer care, reduced travel costs and time away from work/family, strengthened care continuity, and helps retain care in the community. Improved emergency throughput via the MRI benefits broader community health and system efficiency.

c. Efficiency in Use of Resources: Shared/cooperative arrangements to maximize efficiency.

Shenandoah will integrate the proposed fixed MRI services within its existing radiology and specialty care infrastructure to promote efficient use of resources and avoid unnecessary duplication. The MRI program will operate in coordination with established service lines, including oncology services at the Robert S. Holmes Cancer Center, stroke programming, and orthopedic care, allowing for streamlined scheduling, improved care coordination, and optimized patient throughput.

SMC will leverage its existing radiology department to support MRI operations, including shared staffing, administrative support, and clinical workflows. The department is currently fully staffed, and SMC has identified a radiologic technologist who will obtain initial MRI certification prior to implementation. In addition, multiple radiologic technologists are expected to pursue MRI certification to ensure adequate coverage, operational flexibility, and long-term sustainability of the service.

By building upon existing personnel, infrastructure, and clinical programs, SMC will maximize efficiency, enhance utilization of existing resources, and ensure that the MRI service is seamlessly integrated into its broader care delivery model.

4. Financial and Operational Feasibility

a. Financial Projections and Feasibility:
Shenandoah Medical Center estimates the total Project cost at approximately $3,927,981.00, inclusive of equipment, installation, training, warranty/service, and required construction. The MRI equipment cost from Siemens Healthineers is $1,487,981.00, and the MRI suite construction cost is $2,440,000.00. See the attached 3-year financial projections for more information.

Shenandoah Medical Center has the capacity to pay for the contract price of the MRI system and corresponding construction from available capital funds.

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b. Staffing and Operations:
The Siemens MAGNETOM Altea supports advanced diagnostic capabilities with push-button exams through myExam Companion, which provides built-in expertise and automation for users. The system includes myExam Brain Autopilot, myExam Knee Autopilot, myExam Brain Assist, myExam Spine Assist, and myExam Large Joint Assist for guided and flexible workflows that ensure reproducible, highquality images.

The system also includes Quiet Suite for reduced sound pressure levels (at least 70% reduction) for neurology and orthopedics, improving patient comfort and reducing anxiety. The BioMatrix technology addresses patient bio-variability, and the short, open design (70 cm Open Bore) reduces patient anxiety and claustrophobia.

c. Short and Long-term Viability:
The proposed Project at Shenandoah is supported by strong and sustained growth in key service lines, particularly in oncology, demonstrating both immediate need and long-term viability. Utilization trends at the Robert S. Holmes Cancer Center reflect a rapidly expanding patient base that will directly benefit from enhanced diagnostic imaging capabilities.

Radiation oncology clinic visits have increased significantly over the past six years,

growing from 271 visits in 2020 to 1,734 visits in 2025. Similarly, medicaloncology visits have risen from 114 visits in 2020 to 1,707 visits in 2025. This consistent upward trajectory demonstrates a sustained increase in demand for cancer-related services and underscores the need for timely, high-quality imaging to support diagnosis, staging, and treatment planning. The addition of fixed MRI services will allow SMC to meet this demand more effectively while improving care coordination and patient outcomes.

In the short term, the Project addresses clear operational limitations associated with SMC's current reliance on a mobile MRI unit. These limitations include restricted scheduling availability, inability to perform specialized imaging such as breast and prostate MRI, and constraints in accommodating certain patient populations—particularly those requiring stretcher-based imaging or bed-to-bed transfers. As a result, patients are often referred to outside facilities, creating delays in care and lost revenue opportunities. A fixed MRI unit will immediately expand access, improve patient retention, and enable SMC to provide a broader range of clinically necessary imaging services.

Over the long term, the Project is expected to remain viable due to continued growth in SMC's core service lines, ongoing provider recruitment, and increasing regional demand for local access to advanced diagnostics. The integration of MRI into established programs, including oncology, orthopedics, and stroke care, will ensure consistent utilization and reinforce SMC's role as a regional healthcare hub. By aligning with these growth trends and addressing existing service gaps, the Project is well-positioned to deliver sustainable clinical and financial benefits over time.

5. Community and Economic Impact

a. Community Engagement:
A fixed MRI will provide rural families faster diagnoses and quicker treatment initiation, reduce travel and associated costs, and strengthen care continuity by aligning imaging with Shenandoah's on-site clinical services including the Robert S. Holmes Cancer Center, stroke programming, and orthopedic program.

b. Resource Availability:
Shenandoah has secured the necessary resources to support the successful implementation and ongoing operation of the proposed MRI service. SMC will partner with Siemens Healthineers to provide comprehensive equipment and Project support. This includes standard rigging and installation, assignment of a dedicated Project manager to serve as a single point of contact throughout implementation, development of initial and final facility drawings, and coordination of equipment delivery, installation, and on-site clinical education. This turnkey approach ensures an efficient and well-coordinated deployment of MRI services.

In addition to vendor support, SMC has demonstrated readiness from a staffing perspective. The organization currently has a registered radiologic technologist actively pursuing MRI certification. Required coursework has been completed, and the technologist is in the process of obtaining the necessary clinical experience prior to sitting for the certification examination. SMC also plans to cross-train additional radiologic technologists to support MRI operations, ensuring adequate staffing coverage and long-term sustainability.

By leveraging established vendor partnerships and investing in workforce

development, Shenandoah has the operational, technical, and human resources necessary to support both the initial implementation and ongoing success of the MRI program.

c. Organizational Relationships:
Shenandoah maintains collaborative relationships with regional healthcare providers to address gaps in service availability; however, these arrangements are limited and further underscore the need for local MRI capabilities. SMC currently has an agreement with Clarinda Regional Health Center to facilitate access to MRI services in select circumstances. Under this arrangement, Clarinda Regional Health Center bills SMC for imaging performed when a patient requires an “urgent” MRI but does not meet criteria for transfer to a higher level of care. This process is used sparingly, occurring only twice in 2025, and is only practical in situations where the patient intends to return to SMC for continued care regardless of imaging results. It is not a viable solution for emergent or critical care scenarios, where timely, on-site imaging is essential for clinical decision-making.

For patients requiring specialized MRI services that cannot be performed on SMC’s current mobile unit, such as breast and prostate imaging, Shenandoah assists with referrals to outside providers. However, these referrals are made on a case-by-case basis, and no formalized partnerships currently exist to support consistent access to these services. This lack of formal arrangements can result in delays, fragmentation of care, and increased burden on patients who must travel outside the community for necessary imaging.

The addition of a fixed MRI unit will significantly reduce reliance on external providers, strengthen care continuity within SMC, and enhance the organization’s ability to serve as a comprehensive, local hub for diagnostic and specialty care.

6. Project Planning

a. Project Timeline:
The proposed Project at Shenandoah is part of a broader, phased renovation of the hospital’s radiology and emergency medical services (“EMS”) departments. The Project has been carefully structured to ensure continuity of operations while advancing key infrastructure improvements.

Construction is scheduled to begin in September 2027 with Stage 1, which involves the relocation of the existing ambulance garage and EMS headquarters. This initial phase is necessary to create adequate space and operational flow for subsequent facility enhancements.

Stage 2 will include the construction of the MRI suite and installation of the fixed MRI unit. This phase is anticipated to begin approximately eight months after the commencement of Stage 1, with a projected start date of June 2028. Completion of the MRI suite and full installation of the equipment is expected by April 2029.

This phased approach allows SMC to efficiently manage resources, minimize disruption to patient care services, and ensure that the Project is fully integrated into the hospital’s long-term facility development plan.

b. Innovative Components:
The Siemens MAGNETOM Altea includes several innovative features:

Zero Helium Boil-Off Technology: The system features whole-body superconductive Zero Helium Boil-Off 1.5T magnet technology, meaning no helium refill is required for the lifetime of the system and up to 37% reduction in helium inventory compared to previous scanner generations.

BioMatrix Technology: The unique BioMatrix technology addresses different aspects of patient bio-variability, including BioMatrix CoilShim for reducing patient-induced localized B0 inhomogeneities, BioMatrix SliceAdjust for avoiding station boundaries and apparent broken spine artifacts, and BioMatrix Select & GO for fast and easy single-touch patient positioning.

Quiet Suite: Enables complete, quiet examinations for neurology and orthopedics with at least 70 percent reduction in sound pressure levels, improving patient comfort.

Push-Button Exams: The myExam Companion provides different workflow modes (myExam Autopilot, myExam Assist, and myExam Cockpit) for tailored assistance, helping generate consistent, comprehensive results regardless of user experience level.

c. Regulatory Compliance:
Shenandoah will satisfy all applicable regulatory requirements (e.g., shielding, HVAC/electrical codes, QA and dose standards, equipment licensing for calibration sources) and coordinate permits, site specs, and Siemens Healthineers site preparation guidelines.

The MRI suite construction includes appropriate shielding ($286,650 budgeted), HVAC, and electrical support as specified in the construction budget.

7. Special Criteria for Specific Services:

a. Alternative Consideration (10A.714(2)(a)):
Continued reliance on mobile MRI (three days per week) or out-of-region referral would not resolve documented scheduling bottlenecks, multi-day waiting times, or the care fragmentation experienced by rural families. A fixed MRI at Shenandoah is the prudent alternative to ensure timely access and integrated care.

b. Utilization of Similar Facilities (10A.714(2)(b)):
Existing regional MRI access via mobile is maximized but insufficient; referrals outside of Page County reflect reliance on non-local capacity, indicating local fixed utilization would be appropriate and efficient.

Shenandoah currently relies on regional facilities to supplement limited MRI availability, underscoring both existing demand and the need for a fixed in-house MRI capability. In 2025, SMC coordinated the transfer of two patients—one observation patient and one inpatient—to Clarinda Regional Health Center for MRI services. In both cases, patients were subsequently returned to SMC for continuation of care following imaging, highlighting the inefficiencies and care fragmentation associated with out-of-system diagnostic testing, even when clinical management remains primarily at SMC.

In addition, SMC referred three breast cancer patients to Montgomery County Memorial Hospital for breast MRI imaging in 2025 due to the limitations of its

current mobile MRI unit. These referrals reflect a gap in locally available specialized imaging services, particularly for oncology patients requiring timely and advanced diagnostic evaluation.

c. Construction/Modernization (10A.714(2)(c)):
The Project entails construction of a new 2,400-square-foot MRI suite addition with targeted shielding, HVAC, and electrical upgrades aligned to manufacturer specifications, representing a prudent modernization to integrate MRI with existing services. The facility layout incorporates a 496-square-foot MRI room, a 190-square-foot control room, dressing rooms, and supporting spaces, including equipment storage.

Architectural concepts have been developed for the hospital expansion, which includes the new MRI suite along with related clinical space.

d. Access Concerns (10A.714(2)(d)):
Without the Project, serious access problems persist, including limited availability of MRI services (currently only three days per week with mobile unit), resulting in patients being referred out or transferred for timely imaging. With the Project, wait times can be reduced and imaging can be coordinated locally with oncology, orthopedic, neurological, and other clinical services.

e. UIHC Special Role (10A.714(3)):
Not applicable.

Signature

Attorney Tara Hall

Additional Supporting Documents Upload
26.04.24 SMC Certificate of Need Application.pdf

26.04.24 SMC Imaging and Specialty Clinic.pdf

26.04.24 Siemens MRI Quote.pdf

26.04.24 MRI Elevations.pdf

26.04.24 MRI 3 year financial projections.pdf