



DICOM Modality Integration Worksheet

For Office Use Only

PO#	
Ship Date	
LAN MAC Address	: : : : :
WLAN MAC Address	: : : : :

Customer Information

Unit Serial Number			
Institution Name			
IT Contact		PACS Contact	
Telephone		Telephone	
Email		Email	

PACS Software		Worklist Software	
Version		Version	

Windows Network Configuration

LAN	
	Static <input type="checkbox"/> DHCP <input type="checkbox"/>
MAC Authentication	Yes <input type="checkbox"/> No <input type="checkbox"/>
IP Address	
Subnet Mask	
Gateway	
DNS 1	
DNS 2	

WLAN (wireless)	
	Static <input type="checkbox"/> DHCP <input type="checkbox"/>
MAC Authentication	Yes <input type="checkbox"/> No <input type="checkbox"/>
IP Address	
Subnet Mask	
Gateway	
DNS 1	
DNS 2	

Wireless Connectivity	
802.11	B <input type="checkbox"/> G <input type="checkbox"/> N <input type="checkbox"/>
Security	WEP <input type="checkbox"/> WPA <input type="checkbox"/> TKIP <input type="checkbox"/> WPA2 AES EAP TLS <input type="checkbox"/> WPA2 AES PSK <input type="checkbox"/>
Network Name (SSID)	SSID Broadcast Yes <input type="checkbox"/> No <input type="checkbox"/>
Key/Password	

PACS / DICOM Setup Information

System Settings / System Configuration				
Modality (<i>check one</i>)	XA <input type="checkbox"/>	RF <input type="checkbox"/>	SC <input type="checkbox"/>	CR <input type="checkbox"/>
Hospital Name				
Station AE Title		Query	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Station Name		Query	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Port Number	2100			

Storage Provider Setup	
Provider Description	
Provider Host Name (<i>IP address</i>)	
Provider AE Title	
Provider Port Number	

Worklist Provider Setup	
Provider Description	
Provider Host Name (<i>IP address</i>)	
Provider AE Title	
Provider Port Number	

Print Provider Setup	
Provider Description	
Provider Host Name (<i>IP address</i>)	
Provider AE Title	
Provider Port Number	

Please fax to 480.503.8011

