



Facility Name

Installation Address

Facility Name

Street Address (do not use PO Box numbers)

City

State

Zip

Physical Location (e.g. server room)

Technical Contact Information

Name

Telephone number

e-mail address

Form Factor (check one)

Rackmount and standalone versions of the EMR Image Link are available. Please indicate your preference below.

Standalone (Desktop) Version

1U Rackmount Version

Network Configuration

The EMR Image Link appliance requires one IP address, and access to a DNS server. Static addresses are preferred, but DHCP is available if required. Note that each modality which connects to the EMR Image Link will also need a separate IP assignment.

IP Address (or write "DHCP")

Subnet Mask

DNS

Gateway

Destination System

Vendor

Software Version

Vendor Contact Information (if known)

Contact Name

Website address

Telephone Number

e-mail address

Fax Number

Naming Convention

Please describe any file naming convention or folder structure required by the EMR system (if known).

Output File Format

Please indicate the required file format for the images. The most common ones are shown below, but many other types are available.

JPEG

DICOM

TIFF

PDF

Other:

Destination

(S)FTP

Share folder

IP/hostname: _____

Network Share: _____

Port: _____

Username: _____

Username: _____

Password: _____

Password: _____

Other destination system (please describe):