



**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):