

DICOM modality integration form



Please complete the form below and return by fax to Orthoscan.

14555 N 82nd St, Scottsdale AZ 85260

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www.orthoscan.com

FOR OFFICE USE ONLY

PO #:

LAN MAC address:

Ship date:

WLAN MAC address:

FACILITY & SOFTWARE

Customer information

Unit serial number		Institution name	
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IT contact		PACS contact	
Telephone		Telephone	
Email		Email	

PACS software		Worklist software	
Version		Version	

Is PoE used in the facility? **Yes** **No**

Will Orthoscan equipment be connected to an active PoE port? **Yes** **No**

WINDOWS NETWORK CONFIGURATION

LAN

IP address		DNS 1	
Subnet mask		DNS 2	
Gateway			

Static **DHCP**

MAC authentication? **Yes** **No**

WLAN (wireless)

IP address		DNS 1	
Subnet mask		DNS 2	
Gateway			

Static DHCP

MAC authentication? Yes No

Wireless connectivity

Network name (SSID)		Network password	
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SSID broadcast: Yes No

802.11: B G N

Transmission frequency band: 2.4 GHz 5 GHz Dual

Security: WEP WPA TKIP WPA2 AES EAP TLS WPA2 AES PSK

PACS / DICOM SETUP INFORMATION

System settings & configuration

Hospital name			
Station AE title	Query	Yes	No
Station name	Query	Yes	No

Modality: XA RF SC CR

Storage provider setup

Provider description	
Provider host name (IP address)	
Provider AE title	
Provider port number	

Worklist provider setup

Provider description	
Provider host name (IP address)	
Provider AE title	
Provider port number	

Print provider setup

Provider description	
Provider host name (IP address)	
Provider AE title	
Provider port number	

MPPS provider setup

Provider description	
Provider host name (IP address)	
Provider AE title	
Provider port number	