



HL7 Interface Request Worksheet

Office Name: _____
 Physician(s): _____
 Address: 7 _____

 Main Phone: _____

Individual authorized to sign contract on behalf of practice:
 Name: _____
 Title: _____ Email Address: _____

| | | |
|---|---------|--|
| | Manager | Super User <small>(will perform testing & verification)</small> |
| Office Contact (will need to be involved in implementation and vendor coordination): | | |
| Direct phone of Contact: | | |
| e-mail of Contact: | | |
| RALLP marketing rep for physician office: | | |
| Do you wish to just receive results or send orders and receive results (bi-directional)? | | |
| Are there multiple offices for this practice/physician? | | |
| If YES, does the other locations use/share the same EMR system? | | |

| |
|--------------------------------|
| EMR Vendor Information: |
|--------------------------------|

| | |
|--|--|
| EMR vendor name: | |
| EMR software name & version: | |
| Is the EMR server located on-site at a local office? | |

| INSIDE SALES (EMR) | Primary Contact | Secondary Contact |
|---------------------------|-----------------|-------------------|
| Name: | | |
| Title: | | |
| E-mail address: | | |
| Primary Phone: | | |
| Direct Phone: | | |
| Fax: | | |

| SUPPORT (EMR) | Primary Contact | Secondary Contact |
|----------------------|-----------------|-------------------|
| Name: | | |
| Title: | | |
| E-mail address: | | |
| Primary Phone: | | |
| Direct Phone: | | |
| Fax: | | |



Office Support Information:

Is your local network & equipment supported by your EMR vendor? _____

If NO, please fill in the below information.

| I.T. SUPPORT VENDOR | Primary Contact | Secondary Contact |
|----------------------------|------------------------|--------------------------|
| Name: | | |
| Title: | | |
| E-mail address: | | |
| Primary Phone: | | |
| Direct Phone: | | |
| Fax: | | |

Radiology Associates, LLP contact information:

| HL7 Staff | Primary Contact | Technical Contact |
|------------------|------------------------|--------------------------|
| Name: | Deedra Pearce | Jay Mosser |
| e-mail address: | dpearce@xraydocs.com | jmosser@xraydocs.com |
| Primary Phone: | (361) 561-3024 | (361) 561-3024 |
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Please fax to: 361-561-3028 or email completed document to helpdesk@xraydocs.com