

Date Completed / Submitted _____

Client / Hospital _____ Department _____

Please provide the following information. Email completed forms to: orders@visicare.com

Facility Name / System: _____

Address: _____

Project Coordinator: _____

Phone: _____

Email: _____

Desired earliest date of install: _____

Installation deadlines? _____

Is budget currently available for this project? _____

If not, when will budget become available? _____

What is the deadline to submit a proposal for an upcoming budget approval? _____

What diagonal size digital board is being planned for? 32", 43", 49", 55", etc? _____

Horizontal or Vertical format? _____

All boards to be same orientation or not? _____

Describe the planned placement of digital boards in the room, size of rooms, viewing distance to the patient: _____

Is dimming ability for night view desired or is there another plan for night use, or off? _____

Please describe the existing method(s) the care team uses to interact with the EHR: _____

Current EHR: _____

Version: _____

Date of last update: _____

Date of next planned update/version: _____

Will you be changing to a different EHR: _____

If so, planned install date: _____

If so, which new EHR and version: _____

Is the main EHR system on premises? _____

Any Secondary EHR: _____

Do you have multiple EHR installs in your multi-hospital system, or is every department/facility integrated into the one main EHR? _____

If multiple installs, please describe: _____

Do you have an HL7 engine where core data is also available? _____

Which HL7 engine do you have? Cloverleaf? Iguana? Mirth? Corepoint Health? etc... _____

Please list all other HL7 feeds that are available. ADT? ORM? etc... _____

Will each VisiCareHD™ Digital Board be hardwired for internet or use wifi? If wifi, please describe the reliability level: _____

Single or Multiple phases of board install? _____

Please describe in detail all quantities, department layouts and timelines: _____

Will entire facility/system or specific individual departments get in-room patient VisiCareHD™ Digital boards? Other locations for digital boards? Nurse station? Outside room entry? Other? _____

Will any information to be displayed on the VisiCareHD™ Digital Boards need to be manually entered? (example: patient's hobby) _____

If so, describe preferred or pre-planned security measures for such manual entries, such as a pass code, secure login, etc: _____

Do patients have a method of interacting with the EHR? Describe: _____

Who will use the board and how? _____

Describe scenarios for nurses? doctors? patients? care managers? dietitians? etc. _____

Please describe any specific features or goals you anticipate that VisiCareHD™ Digital Boards will provide for your patients and care team in addition to saving nurses time updating boards and featuring accurate information for patients: _____

Per Complexity Level Guide, please identify the Complexity Level:

- Level 1 (2 - 15 fields) Level 2 (16 - 30 fields) Level 3 (31 - 50 fields) Level 4 (51 + fields)