

**Note:** Use this document as a guide to perform the service installation for DataLink with the RetCam Envision™ system.

SECTION I: CUSTOMER & RETCAM DEVICE DETAILS [COMPLETE BEFORE INSTALLATION]

Customer Information		Device Information	
<b>Datalink Customer Information</b>		<b>RetCam Envision System</b>	
<input type="checkbox"/> New <input type="checkbox"/> Existing			
<input type="checkbox"/> Account # or <input type="checkbox"/> Case#		Serial Number	
Account Name		SW Version	
Address 1		RetCam Install Date	
Address 2		Total Active Devices	
City, State		DICOM License Installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip Code		Device Primary Location (NICU, PICU, OR etc.)	
Country		Notes:	
Customer Time Zone			
Customer Point of Contacts			
Contact	Name	Email	Phone
Main Contact			
Technical/Server Contact			
Interface Contact			

DataLink Package	
Description	Part Number
RetCam DataLink Setup & HL7 Inbound	SVC99DATALINKINSTALL
RetCam DataLink Subscription - 1 yr Subscription	RCDL-ANNUAL
RetCam DataLink HL7 Outbound Interface	SVC99DATALINKHL7OUT

Current EMR/HIS System	
EMR/HIS System	HL7 Protocol

### Remote Access for Natus Support

Remote Access Method	URL	User

### Project Milestones

	Date	Notes
Server Provisioned by Customer		
Natus Access Provided		
Connectivity Testing Begins		
Integrated Testing Begins		
Go-Live		

### Advanced Datalink Interface

**NOTE: The following options can/may be selected but are considered ADVANCED interface options and must be forwarded to Natus Professional Services at RetCamService@Natus.com for applicable quoting of work required.**

<input type="checkbox"/>	HL7 Outbound	Final result is sent to EMR in an ORU result message
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**Authorized Users**

First Name	Last Name	Email (Login)	Role

**Roles:**

ROP Coordinator - viewing, reporting, and searching

Ophthalmologist - viewing, reporting, and searching

Imager - viewing, reporting, and searching

Administrator - Add authorized users to organization, viewing, reporting, and searching

### Checklist Completion (Attach completed form to Case #)

Contact	Name	Signature	Date
Natus Representative			