

National Capital Diagnostic Imaging / Promedius Secure E-mail Questionnaire

Please complete and return both pages

Practice Name: _____

Practice Address: _____

Practice Email Address: _____

Practice contact person: _____

Telephone number: _____ Fax: _____

Do you already have a Promedius.net connection? Yes No

Do you have a Technical Contact for your practice? Yes No

Technical Contact's Name: _____

Technical Contact's Email Address: _____

Telephone number: _____ Fax: _____

What operating system does the computer you intend to install our software on use?

Windows: 95 98 98SE NT4 2000

Apple OS, Type: _____

Unix/Linux, version: _____

Other: _____

Do you currently have a working Internet connection? Yes No

Do you have a Local Area Network (LAN) in the Practice? Yes No

If Yes:

How many computers on the LAN can access the Internet simultaneously?

Just the 1: 2 or more: How many?: (_____)

If 2 or more: What utility do you use in order to share the Internet Connection?

Windows 98SE/2000 Internet connection sharing:

Win Gate. Version _____

Other: _____

Script writing software: _____
