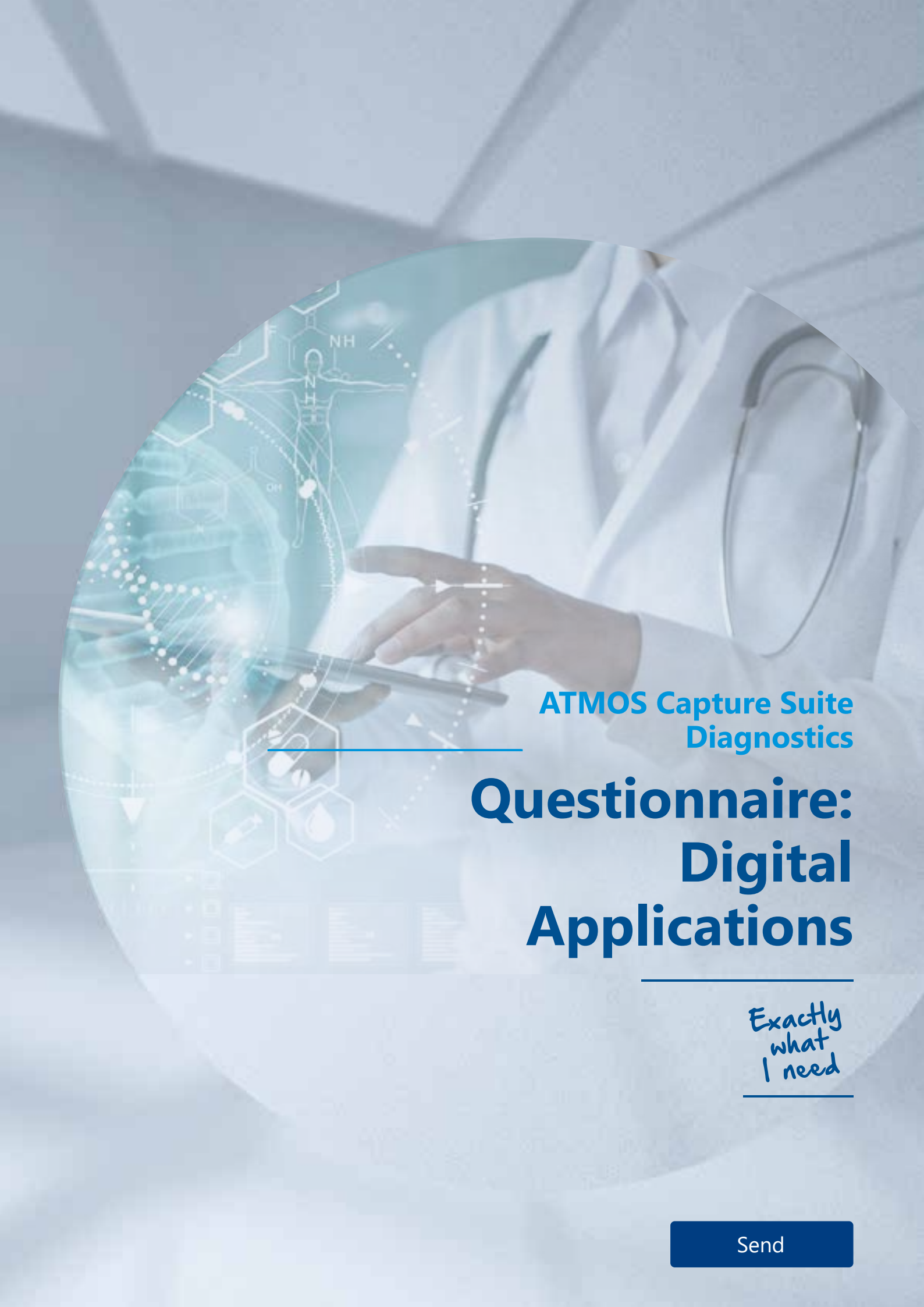

ATMOS Capture Suite
Diagnostics

Questionnaire: Digital Applications

Exactly what I need

Send

BASIC INFORMATION

ATMOS Headquarters / Subsidiary*	
Country	
Salesperson*	
Phone	
E-mail*	

CUSTOMER (HOSPITAL / CLINIC / PRACTICE)

Name*	
Street	
Country / City / Postal code	
Phone	
E-mail*	

IT

Contact person*	
Phone*	
E-mail*	

Additional information	

** required field*

ATMOS Capture Suite

Order confirmation (number)

Installation	ATMOS Capture Suite	Upgrade to ATMOS Capture Suite	ATMOS Capture Suite Basic	DICOM	Location
CS1					
CS2					
CS3					
CS4					
CS5					

Please fill in connected **camera systems** (for each location):

Installation	ATMOS i View	ATMOS iQam	ATMOS Scope	Location
CS1				
CS2				
CS3				
CS4				
CS5				

ATMOS Capture Suite

	ATMOS Sono 31	ATMOS Rhino 31	ATMOS Tymp 31
Available:			
Serial number:			
DICOM:			

Additional information

** required field*

Hospital Practice

BASIC INFORMATION

Name of hospital / clinic / practice*	
Street	
Country / City / Postal code	
Phone	
E-mail*	

CONTACT PERSON

Name*	
Position	
Phone*	
E-mail*	

CONTACT PERSON

Name	
Position	
Phone	
E-mail	

MORE LOCATIONS*

Yes ◯ No ☐

If **yes**, please list the locations and products	
Additional information	

** required field*

IT INFRASTRUCTURE

Remote access

Which software can be used for remote access?
(TeamViewer, AnyDesk, ...)

Additional information

INTERFACE TO PACS

The transfer of patient data and the export of findings data to the PACS can be carried out via DICOM.
Please fill in the parameters.

Integration into network (DICOM) desired?*

Yes ☐ No ☐

If **no** and network integration is not desired, please fill in the following table:

Yes ◯ No ☐	Is the system Windows-based?
Yes ☐ No ◯	Are all PCs with ATMOS devices/software in same domain?
Yes ◯ No ☐	Will a shared folder be available on the server? Has R&W access been requested?
Yes ☐ No ☐	Will a shared folder be available on the NAS?

Windows version

Additional information

If **yes** and network integration is desired, please fill in the following section:

Yes ☐ No ☐	Is network integration with PACS connectivity desired?
Name of PACS software	
DICOM version number	

** required field*

DICOM import (worklist)	
IP address	
Port	
Remote AE title	
Local AE title	
Modality	

DICOM export	
Images	Yes ☐ No ☐
Videos	Yes ☐ No ☐
PDFs	Yes ☐ No ☐
IP address	
Port	
Remote AE title	
Local AE title	
Additional information	

If the installation/integration takes place at several locations, it is important that ATMOS is informed of the specific parameters for each installation if they are not always the same.

The DICOM Declaration of Conformity is provided by ATMOS in PDF format.

Send