## Dragon Medical One (DMO) Request Form

Please forward to ITSS Service Centre <a href="mailto:SERVICECENTRE@gov.pe.ca">SERVICECENTRE@gov.pe.ca</a>
For support please contact the Service Center at 902-620-3600 or email DragonSupport@ihis.org
Access a digital copy of this form on the Staff Resource Center (SRC): <a href="https://src.healthpei.ca/forms">https://src.healthpei.ca/forms</a>

GENERAL USER INFORMATION (Fields with * are mandatory)							
First Name: *			Facility/Site/Clinic	Facility/Site/Clinic: *			
Last Name: *			Dept & Specialty:	*			
Middle Initial:	Aiddle Initial: User Type: *				Dr: □ NP: □ Other:		
Computer login username (if known):			Email used daily (required for account security): *				
Is this for a Locum: *	☐ Yes	□ No	Date Account Nee	eded:*			
Facility/Site Trainer (if known):			Using Government issued device? *			s □ No ter#:	
Contact info for requestor: *			Using clinic/perso device? *	onal	☐ Yes ☐ No (installation to be done by us		
Approving Manager (or designate) (printed/signature) *					Date: *	ate: *	
DICTATION							
Will the user be dictating into the Telus EMR / CHR? *						☐ Yes ☐ No	
Will the user be dictating into CIS (Cerner/Oracle)? *						☐ Yes ☐ No	
If yes, into CIS (Cerner/Oracle) please indicate where user works in the facility:							
Working throughout hospital (CIS PowerChart DMO AD group):						☐ Yes	
Working in Emergency department (CIS FirstNet DMO AD group):						☐ Yes	
Working in Pathology (CIS Pathnet App Bar DMO AD group):						☐ Yes	
**PowerMic Mobile is an App that allows the user to use their cell phone as a microphone. It requires access to WiFi or a data plan. Each user will be given a link to PowerMic Mobile and will be sent instructions for installation/use via email. Users may also <i>choose to purchase</i> a handset microphone for their office &/or use both types of microphones**							
Available For Purchase – Complete all fields below only if Microphone is being purchased							
Handset PowerMic IV Microphone: \$440.00 (includes tax). <i>Price subject to change</i> ☐ Yes ☐ No							
Dept	Service	Facility	Primary	Secondary		Program	
Codes:							
Authorized Purchaser Signature:							
Health Site and Address for delivery:							