

Dragon Medical One (DMO) Request Form

Please forward to ITSS Service Centre SERVICECENTRE@gov.pe.ca

For support please contact the Service Center at 902-620-3600 or email DragonSupport@ihis.org

Access a **fillable digital copy** of this form on the Staff Resource Center (SRC): <https://src.healthpei.ca/e-health>

GENERAL USER INFORMATION (Fields with * are mandatory)					
First Name: *		Facility/Site/Clinic: *			
Last Name: *		Dept & Specialty: *			
Middle Initial:		User Type: *	Dr: <input type="checkbox"/> NP: <input type="checkbox"/> Other: _____		
Computer login username (if known):		Email used daily (required for account security): *			
Is this for a Locum: *	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Account Needed: *			
Facility/Site Trainer (name if known):		Using Government issued device? *	<input type="checkbox"/> Yes <input type="checkbox"/> No Computer # _____		
Contact info for requestor: *		Using personal (or clinic) device? *	<input type="checkbox"/> Yes <input type="checkbox"/> No (installation done by end user)		
Approving Manager (or designate) (printed/signature) *			Date: *		
DICTATION					
Will the user be dictating into Provincial EMR (CHR)? *					<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the user be dictating into CIS/Oracle (Cerner)? *					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, using CIS/Oracle (Cerner) please indicate where end user works in the facility:					
Working throughout hospital (CIS PowerChart DMO AD group):					<input type="checkbox"/> Yes
Working in Emergency department (CIS FirstNet DMO AD group):					<input type="checkbox"/> Yes
Working in Anesthesia department (CIS SurgiNet DMO AD group):					<input type="checkbox"/> Yes
Working in Pathology (CIS App Bar DMO AD group):					<input type="checkbox"/> Yes
PowerMic Mobile App allows the end user to use their cell phone as a microphone. It requires access to WiFi or a data plan. Users would receive installation/use instructions from their trainer. Users may also <i>choose to purchase</i> a handset microphone for their office (see below) &/or use both types of microphones					
Available For Purchase – All fields below are required <u>only if Microphone is being purchased</u>					
Handset PowerMic IV Microphone: \$440.00 (includes tax). Price subject to change <input type="checkbox"/> Yes <input type="checkbox"/> No					
Dept	Service	Facility	Primary	Secondary	Program
Codes:					
Authorized Purchaser (print/signature):					Title:
Health Site and Address for delivery:					