



## NorthShore Orders Link Office Specifications Document

In order to better assist your facility, please complete and return the information below to Fax: 847.982.5378 or email to [aayala@northshore.org](mailto:aayala@northshore.org)

Attn: Health Information Technology  
Ashlee Ayala, Account Manager

### **Facility Contact Information**

Contact person: \_\_\_\_\_

Facility name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Number of providers: \_\_\_\_\_

Main Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

### **Facility Information**

1. Please list the names of your NorthShore Attending Physicians:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Number of clinical staff? \_\_\_\_\_
3. Office web browser is Internet Explorer 9.0 or greater? **Yes / No**
4. Do you use NorthShore Lab Service's E-Laboratory (Blue Iris) system? **Yes / No**
5. Your **static Public IP Address** (which you can obtain from your IT contact)  
*If you have a range of IP Addresses, then we also need your **Subnet Mask***  
\_\_\_\_\_

For questions, please call Ashlee Ayala at (847)982-5420.