

NorthShore Orders Link Specifications Document

In order to better assist your office/facility, please complete and return the information below to:

Fax: 847.982.5378

Attn: Health Information Technology

Email: NSOL@northshore.org

NorthShore Orders Link Account Manager

NOTE: If applicable, please complete one Specifications Document for each location.

Facility Contact Information

Contact person: _____

Facility name: _____

Specialty: _____ Number of Providers _____

Address: _____

Phone number: _____ Fax number: _____

Email address: _____

Facility Information

1. List the names of your NorthShore Physician(s):

2. Do you have non-NorthShore Physician(s) in your office? **Yes / No**

3. Do your NorthShore physician(s) belong in the NorthShore Physician Associates (NPA)? **Yes / No**

a. If yes, is your physician(s) a primary care provider(s)? **Yes / No**

b. Is your office manager non-clinical? **Yes / No**

4. Number of clinical staff? _____

5. Do you have an office web browser that is **Internet Explorer 9.0 or Firefox 24 or greater?** **Yes / No**

6. What is your **static Public IP Address** (you can obtain from your IT contact). Your IP address or range of IP addresses must be dedicated to your facility & not shared through a cloud provider. If you have a range of IP Addresses, then we also need your **Subnet Mask**

For questions, please email NSOL@NorthShore.org