



**Center for Evidence-Based Imaging
Brigham & Women's/Faulkner Hospitals
1620 Tremont St., Boston, MA. 02120-1613
(617) 525-7551**



Site Visit Encounter Form

The Center for Evidence-Based Imaging (CEBI) is available most days (with the exception of Tuesdays), schedules permitting, for vendor site visits. **Site visits will last approximately three (3) hours.** Morning is preferred, but not necessary.

Important - Please Indicate a Proposed Date for Your Visit. Please give at least 2 weeks for your request in order to accommodate staff and clinic time. A confirmation will be sent to you.

Proposed Date(s): _____

Time of Day: Morning or Afternoon (please circle or highlight)

Vendor representatives when scheduling site visit must provide the following information:

1. Contact Information

Vendor Name (if applicable)	
Contact Name	
Phone Number	
Email Address	

2. Participants:

Please identify visitors and the facility and or health system they represent. The maximum number of visitors should be six (6) in order to accommodate tours of the facility.

In addition, please identify vendor representatives from visitor's region.

Name and Address of Facility	
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2. Participants Continued....

Visitor Name:	Title:

3. Area of Interest:

Please select in which area(s) your group is most interested.

Interests:	Yes / No
Multidisciplinary PACS	
Centricity – Imaging Viewing	
• Radiology	
• Cardiology	
• Enterprise-wide PACS	
• Other (please specify)	
Percipio – Order Entry	
• Primary Care	
• Emergency Department	
• Specialty Care (please specify)	

Please indicate any other customer specific objectives for the visit. If a Clinic Tour or tour of the Data Center is desired you must specify below.

Please note: Access to the **Data Center** may be denied for safety reasons (electrical work / equipment moving in the area, etc). Approval is required from Rhuvette Ross. **Data Center Tour members** need to have an ID badge and need to sign in / out on visitors sheet.



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4. CEBI / BWH / PHS Personnel

Please identify which function/personnel vendor would like to meet with customer so that their time may be scheduled. If you are unsure of which function or personnel you require, please consult with Jackie Sinclair *before* selecting.

Function:	Individual:	Please Check or highlight
CEBI Medical Director	Ramin Khorasani, MD, MPH	
CEBI Director of Imaging Informatics	Kathy Andriole, PhD	
Multidisciplinary PACS	Michael Clyne	
Centricity	Paula Harker	
Percipio	Dick Hanson	
Powerscribe	Kathy Andriole, PhD	

Note: CEBI will prepare itinerary with locations for customer meetings, which will be forwarded approximately 48 hours prior to visit date.

5. Questions and Answers

Time is reserved for visitors to speak freely in private with users. Ideas for questions or topics include:

- Vendor selection process
- Implementation process
- System uptime and performance
- Service and on-going support (post implementation)

Please complete the above information and email or fax to the attention of Karin Swanson, Radiology Administration, BWH.

Email- kswanson2@partners.org

Fax – (617)-730-2869

A confirmation with date will be sent approximately 48-72 hours after receipt of Encounter form.

If you have any questions please call Karin Swanson, Executive Assistant to Ramin Khorasani, MD, MPH at (617) 732-7941 or email kswanson2@parntners.org.