



Air Techniques, Inc., 1295 Walt Whitman Road, Melville, NY 11747  
 Tel. 888-862-4050 Fax: 516-740-4621 [www.allproimaging.com](http://www.allproimaging.com)

Solution System ID#
Solution System P/N:
Sales Order Number:

Please return form to AllPro Imaging by Fax or email at [orders@airtechniques.com](mailto:orders@airtechniques.com)

### AllPro Solution System Installation Form

<b>Objective:</b> To demonstrate and provide objective evidence that the AllPro Imaging PACSmart solution system was properly installed.	
Start date of installation: _____ Complete Date: _____	Intended Use (s): Medical _____ Podiatry _____ Veterinary _____ Dental _____
Practice Name: _____	ScanX Accessory Kit: <input type="checkbox"/> PSP Plates, Protectors, Cassettes: <input type="checkbox"/>
Doctors Name: _____	Extended Warranty: _____ Expiration Date: _____
Location/Installation Address: _____	Software Acquisition Model #: _____ Serial #: _____
City: _____ State: _____ Zip: _____	Computer Model #: _____ Serial #: _____
Tel #: _____ Fax #: _____	Monitor Model #: _____ Serial #: _____
Primary Contact: _____	ScanX Model: _____ Serial #: _____

**ALLPRO Agent™ Remote Support Client, Accept  Yes  No Initial & Date**

This remote access will allow All Pro Technical Support representatives to view and control your computer via the Internet. By downloading and running this program, you agree to let All Pro Technical Support representatives have complete access to your computer for the purpose of providing technical support. While we will exercise care not to disrupt or damage your equipment or any information made available through remote access, we cannot guarantee any particular result or be liable for any damage.

Confirm by check mark ✓

1. Pre-installation site survey was completed. The Acquisition Computer is properly set-up and running. PC is secured to wall mount or cart and functional. (PC and operating system boots up properly.)	<input type="checkbox"/>
2. If applicable, are additional store & view/ viewers installed, and are they working properly.	<input type="checkbox"/>
3. Acquisition computer is able to access the internet properly. • Please note that lack of internet connection on the Acquisition workstation will hinder Allpro Imaging's responsiveness and time required to resolve potential performance or enhancement issues.	<input type="checkbox"/>
4. PACSmart software loads and opens properly and recognizes the ScanX scanner(s).	<input type="checkbox"/>
5. PACSmart software acquires and displays quality image of known sample. • Sample image used: _____	<input type="checkbox"/>
6. Captured image above could be properly saved.	<input type="checkbox"/>
7. Captured image from pre-defined storage location could be retrieved.	<input type="checkbox"/>
8. The system automatically sends to and manually queries all workstations.	<input type="checkbox"/>
9. After system reboot, images can be retrieved	<input type="checkbox"/>
10. Personnel who will be using the PACSmart software have been properly trained.	<input type="checkbox"/>
11. Office has been made aware of the need for data backup plan and virus protection.	<input type="checkbox"/>

**Installer Certification: (By typing my name I verify and agree with the information listed above.)**  
 Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Customer Acknowledgement: (AllPro Solution System and PACSmart software was installed and functions properly, and meets my intended use) (By typing my name I verify and agree with the information listed above.)**  
 Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_