



Associated Radiologists System Access Request Form

Practice / Group name: _____ Date: _____

Contact person: _____ Phone: _____ Fax: _____

Address: _____ City: _____ Zip _____

Associated Radiologists Representative: _____

Appointment date (office use): _____ Date received (office use): _____

Access is requested for:

Last Name (Please PRINT CLEARLY)	First Name, Middle initial (Please PRINT CLEARLY)	Date processed (Office use)	User Name (Office use)	Password (Office use)	Note

Your I.T. contact name: _____	Phone: _____
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Do you currently have internet access? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of internet service? <input type="checkbox"/> Broadband (Cable/DSL) <input type="checkbox"/> Dial up modem **unsupported**	
What is your computer platform? <input type="checkbox"/> PC Operating System: <input type="checkbox"/> Windows 2000 <input type="checkbox"/> XP Web Browser: Please note: Mac **unsupported** <input type="checkbox"/> Vista **currently unsupported** There are some issues with Internet Exp 7	
Administrative rights required:	<ul style="list-style-type: none"> To run the Web software the first time on a PC, you need to allow installation of a Java Plug-in To run the Web software the first time on a PC, you need to grant permissions to the Web Software applet Both installations are prompted from https://getresults.aradnj.com/imagecast Active X controls must be enabled to complete installation
Supported Operating System	<ul style="list-style-type: none"> Microsoft Windows 2000 service pack 4 / XP service pack 1 or 2
Client supported web browser	<ul style="list-style-type: none"> Internet explorer 6.0 Internet explorer 7.0
Minimum requirements	<ul style="list-style-type: none"> 750 MHz Pentium compatible CPU, 1 GHz or higher recommended 512 MB or higher recommend 17" SVGA color monitor with 1024 x 768 resolution, small fonts 10/100 Mbps Ethernet full duplex or wireless 802.11 standard Video card must support 24 bit color graphics Mouse or other pointing device

Technical questions may be directed to our I.T. Department via email to it.support@aradnj.com or 908-791-9715 ext 222 Please fax form to: **732-968-8075**