Southern Philippines Medical Center

INTEGRATED HOSPITAL OPERATIONS AND MANAGEMENT PROGRAM

ICT and Technical Assistance Request Form

Date: _____

Department/Section	n:			
Nature of Work (Please	Check):			
		DRIMTED	VOIP	NETWORK SUPPORT
COMPUTER & PE RAM (Memory)	CMOS Battery	<u>PRINTER</u> Printer Head	Network Unavailable	
Hard Disk Drive	Power Supply	Calibration	Phone not Registered	Internet Cabling
Motherboard				0
	Set-up/Configuration		Dial Tone Issue	Wireless
Mouse	Others	Others	Set-up/Configuration	Configuration
Keyboard			Others	Others
Monitor				
SOFTWARE APP				
HIS	Data Archiving	Inventory System	Antivirus	Other Application
LIS	IDTOMIS	Daily Time Record	Operating System	
PACS/RIS	ENGAS	Microsoft Office		
100 055501071011				
Requested by:		F	Received by:	
(Print Na	ıme & Signature)		(Print Name & Sig	nature)
Time/Date Started: _		erviced By:	CORRECTIVE ACTION	
Time/Date Finished: _			REMARKS:	
Client's Signa	ature			
SPMC-F-IHOM-04		Effectivity : October 03,	2016	Rev. 3
		<u>id Technical Assistan</u>	<u>ce Request Form</u>	Date:
Department/Section	n:			
Nature of Work (Please	Check):			
COMPUTER & PE	RIDHERAI	PRINTER	VOIP	NETWORK SUPPORT
RAM (Memory)	CMOS Battery	Printer Head	Network Unavailable	Internet
Hard Disk Drive	Power Supply	Calibration	Phone not Registered	Cabling
Motherboard	Set-up/Configuration		Dial Tone Issue	Wireless
Mouse	Others	Others	Set-up/Configuration	Configuration
Keyboard	Others	Others	Others	Others
Monitor			Others	Others
101111101				
SOFTWARE APP				
HIS	Data Archiving	Inventory System	Antivirus	Other Application
LIS	IDTOMIS	Daily Time Record	Operating System	
PACS/RIS	ENGAS	Microsoft Office		
JOB DESCRIPTION:				
Requested by:		F	Received by:	
(Print Na	ime & Signature)		(Print Name & Sig	nature)
Time/Date Started:	c	erviced By:	CORRECTIVE ACTION	
inner Date Starteu		ci vicca by.		
Time/Date Finished: _			REMARKS:	
Client's Signa	ature			

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