

Southern Philippines Medical Center
INTEGRATED HOSPITAL OPERATIONS AND MANAGEMENT PROGRAM
ICT and Technical Assistance Request Form

Date: _____

Department/Section: _____

Nature of Work (Please Check):

<u>COMPUTER & PERIPHERAL</u>		<u>PRINTER</u>	<u>VOIP</u>	<u>NETWORK SUPPORT</u>
<input type="checkbox"/> RAM (Memory)	<input type="checkbox"/> CMOS Battery	<input type="checkbox"/> Printer Head	<input type="checkbox"/> Network Unavailable	<input type="checkbox"/> Internet
<input type="checkbox"/> Hard Disk Drive	<input type="checkbox"/> Power Supply	<input type="checkbox"/> Calibration	<input type="checkbox"/> Phone not Registered	<input type="checkbox"/> Cabling
<input type="checkbox"/> Motherboard	<input type="checkbox"/> Set-up/Configuration	<input type="checkbox"/> Set-up/Configuration	<input type="checkbox"/> Dial Tone Issue	<input type="checkbox"/> Wireless
<input type="checkbox"/> Mouse	<input type="checkbox"/> Others	<input type="checkbox"/> Others	<input type="checkbox"/> Set-up/Configuration	<input type="checkbox"/> Configuration
<input type="checkbox"/> Keyboard	_____	_____	<input type="checkbox"/> Others	<input type="checkbox"/> Others
<input type="checkbox"/> Monitor	_____	_____	_____	_____
<u>SOFTWARE APPLICATION</u>				
<input type="checkbox"/> HIS	<input type="checkbox"/> Data Archiving	<input type="checkbox"/> Inventory System	<input type="checkbox"/> Antivirus	<input type="checkbox"/> Other Application
<input type="checkbox"/> LIS	<input type="checkbox"/> IDTOMIS	<input type="checkbox"/> Daily Time Record	<input type="checkbox"/> Operating System	_____
<input type="checkbox"/> PACS/RIS	<input type="checkbox"/> ENGAS	<input type="checkbox"/> Microsoft Office		_____

JOB DESCRIPTION: _____

Requested by: _____
(Print Name & Signature)

Received by: _____
(Print Name & Signature)

Time/Date Started: _____ Serviced By: _____
Time/Date Finished: _____

Client's Signature

☐ **CORRECTIVE ACTION**
REMARKS: _____

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