



Transcription Setup Information Sheet

Instructions: Please complete one sheet per person dictating.

Date	
Practice Name	
Physician Name	
Speciality	
Address	
Phone	
Fax	
Email ID	
Contact Person (For Transcription Related Issues)	
Mode of Dictation	Recorder <input type="checkbox"/> Toll Free <input type="checkbox"/> Both <input type="checkbox"/>
File Naming Convention (Patient Last Name, First Name, Date of Service)	
Dictation Schedule	Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>
Trial Period	
Price	
Volume Forecast	
PC Environment/Time Zone	
Transcript Format & Specific Instructions (Attach format samples)	
Additional Information	