

 Dragon® Medical - ENHANCEMENT REQUEST FORM

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| **Product?**  [ ]  DMO – Dragon Medical One  [ ]  NMC - Nuance Management Center [ ]  Power Mic Mobile | **User Role?** [ ]  Provider User [ ]  Dragon Local Admin  [ ]  Dragon Server Admin [ ]  Dragon Trainer |
| **Ticket #:**  | **Date of Request:**  |
| **Date Request Was Updated:** | **Version of Request:** |
|  **Facility:**  | **Current Dragon version installed:**  |
| **Requestor Name:**  | **Contact Phone #:**  |
| **Contact Email:**  | **Submitted by:**  |
| **Screenshots added below?** [ ]  Yes [ ]  No |  |
| **Describe Enhancement:** |
| **Describe what is/is not occurring in current version:** |
| **Is Company change necessitating this enhancement?** [ ]  Yes [ ]  No **If “Yes”, please describe:** |
| **Will the enhancement be visual?** [ ]  Yes [ ]  No **If “Yes”, please describe:** |
| **Will this enhancement benefit all facilities?** [ ]  Yes [ ]  No **If “Yes”, please describe:** |
| **Will any process be affected by this change:**  [ ]  Yes [ ]  No **If “Yes”, please describe:** |
| **What is the urgency of this enhancement?** [ ]  Low [ ]  Medium [ ]  High |

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| **Enhancement Committee Use Only** |
| **Date Request Received:**  |  |
| [ ]  Approved [ ]  Denied [ ]  Duplicate | Priority: [ ]  1: High [ ]  2: Medium [ ]  3: Low |
| **Comments:**  |
| **Resolution:**  |
| **Judgment Date:**  | **Released in Version:**  **Quarter/Year:**  |

Please submit the completed form via email to Kathy Sciubba (Kathy.Sciubba@nuance.com).  A Nuance representative may contact you for more information.  All enhancements are subject to review; you will be notified when a decision is made on your request.  Thank you.