

Dragon® Medical - ENHANCEMENT REQUEST FORM

|  |  |
| --- | --- |
| **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 | |

|  |  |
| --- | --- |
| **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](mailto: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.