

**Hospital/Institution Name:** Radiological Practice Dres. Lies, Fehlhaber, Rotte

**City/Country:** Germany



**Contact Persons (Phone, E-Mail):** Herr Dr. St. Liess ☎ +49 (0)395 – 429590

✉ stephanliess@radiologienb.de

**Consultant (Address, Phone, E-Mail):**

**Connected Modalities DICOM:** 1 x MRI, 1 x CT

**Connected Modalities ANALOG:**

**Installation date:** Juni 2002

**Investment Volume ca.:** 50.000 - 70.000 €

**Patients per day: GB per day:**

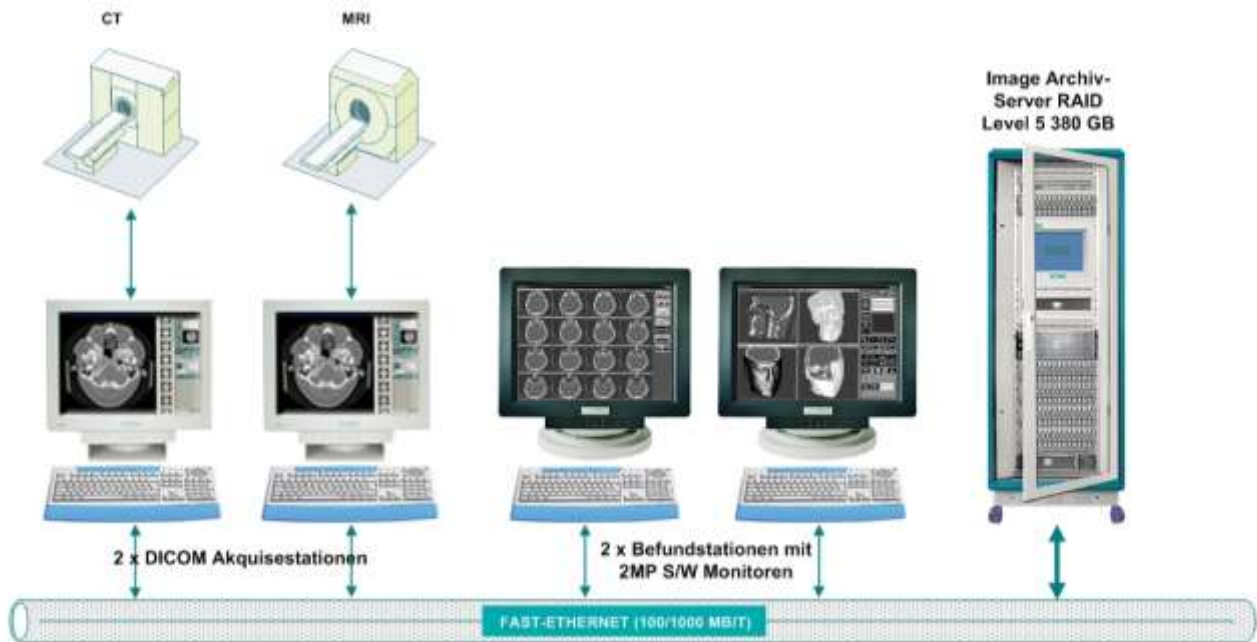
**Server size: TB per year:** 380 GB

**Number of Diagnosis Stations:** 4

**HIS/RIS Integration with Vendor:**

**Telecommunication with:**

**Special Applications or Integrations:** ACR-NEMA Modaliti to DICOM 3



Entrance location Neubrandenburg



Dipl.med. Fehlhaber, Dipl.med. Rotte, Dr. Lies