



Provider Guide V.1

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Executive Summary

Enabledoc™ Provider Guide describes how Providers manage their work, create patient notes, review patient charts, and create or modify templates, menus, and forms. Providers have the following capabilities:

Dashboard:

The provider dashboard displays the Tasks assigned to the provider, open notes, and provider appointments. A provider can click on the patient name to open that provider's encounter or chart. A provider can view another provider's dashboard in case they have to take over an appointment from another provider.

Find Patient:

A provider can quickly open a patient chart by appointment, encounter (checked in patient), notes, and patient list. This information can be filtered and used to open encounters, open notes, book appointments, book multiple repeat appointments, edit appointments, edit patient registration, and collect payments.

EHR Module:

The EHR module contains all the patient medical information organized by patient encounters. This area is organized by patient encounter and begins with the patient dashboard, which displays a snapshot of historical patient medical information and can be filtered by date or encounter. A patient summary can also be printed from this screen.

Letterhead, Menus, & Templates:

Forms are created to customize the menus of templates, allow letter header to be assigned, and configure the page settings. This allows the work flow and options to be controlled for each specialty and type of visit. Forms are loaded based in the visit type, facility, and provider. Multiple forms can be created for each patient encounter. Template can be created to capture any type of information in check boxes, pull downs, Boolean, date, text field, lines, and word processor form. Sections and nested options are also available. Data can be pulled from the prior visit or set to the default.

Patient Dashboard:

Once a patient encounter is selected, the patient dashboard displays a summary of the patient's medical history, encounters, problems, medications, new prescriptions, diagnoses, vitals, Orders & Procedures, and notes.

Forms Selection

Any form can be opened and used by adding a form to the encounter and clicking on the form name. This allows the flexibility to create different types of notes for each encounter.

Word processor

A robust Microsoft Word style word processor is provided in the EHR module that allows text, tables, and graphics to be inserted and edited in a note. Information from the templates automatically populates in the notes and can be edited in the note.

Patient Dashboard

The Patient Dashboard displays key patient medical information displayed by encounter, notes, diagnosis, past medications, ordered prescriptions, Orders and procedures, allergies, complaints, vitals, and tasks.

Attachments

Documents and images can be attached into custom folders for each patient. Each document can be opened and tagged as reviewed or not.

Chief Complaints Template

This template creates sentences describing the patient's complaints. A Snomed codes problems knowledgebase is provided to select patient problems, associated problems and problems denied by a patient. These problems can be typed and edited. The problem location, onset, duration, context, quality, and severity can be associated with each problem. Multiple problems and chronic problems can be added. Providers can select from favorites problems list, past patient problems, and past problems the provider has added. Additional history of present illness details can also be captured for each problem, such as patient denies symptoms, aggravating factors, relieving factors, onset date, number of recurrences, and prior history of present illness.

Vitals

Vitals that are captured for each patient encounter can be customized for each provider. BMI and BSA are automatically calculated.

Past Patient History

The past patient history is a custom template that can be designed for each provider and visit type. Default patient template is provided and can be pulled from the prior visit and updated in each visit.

Current Medications

Patient medications are displayed from previous encounters. Any medications can be selected from the Lexi Comp knowledge base and added to the current medications list.

New Prescriptions

A prescription knowledgebase from Lexi Comp provides monthly prescription updates, drug-to-drug, drug-to-allergy and weight and age range checking. An interface is provided to Surescripts® for electronic prescription ordering. Patient education materials are provided for medications as well.

Orders and Procedures

Labs, radiology exams, and other services can be ordered from this module. CPT coded procedures can also be selected and saved

Screen Layout

Enabledoc is designed with the following buttons:

Menu: The menu can be tacked open or closed. If closed, the Menu button displays the menu. Each module in the system that the provider has access to is displayed in the menu.

Find Patient: This button displays appointments, encounters (patients that checked in), notes, and all patients. This information can be filtered and used to open encounters, open notes, book appointments, book multiple repeat appointments, edit appointments, edit patient registration, and collect payments.

Patient Name: This button displays key patient demographic information for a selected patient.

Tasks: Displays assigned tasks, notes, and messages. Tasks or messages can be created and sent or assigned to employees.

Help: This button opens a multimedia help center.

Logout: Exits the application.

Typical Work Flow

Provider workflow is centered on three areas: Appointments, Notes, and Tasks. The Provider Dashboard shows all three in a concise view and is the beginning point for physicians. Should a physician need to access any other patient record, simply click Find Patient and a window opens with options to search for that patient by appointments, encounters, notes, and a list of patients. At any time a provider can type into the note and electronically sign when it is complete.

The typical work flow as a provider is as follows, but none of these steps are required to be performed:

1. Clicking on patient names will open the dashboard or note for the associated encounter.
2. The patient dashboard or clinical note opens.
3. A form is loaded based on the type of visit, facility, and provider assigned as a default.
4. The menu templates are assigned to the form.
5. Typically, a nurse will fill in the vitals, patient history, current medications, and chief complaint section. A provider usually verifies this information and uses it as part of the assessment.
6. The chief complaint is usually the first area of focus. This input dynamically builds a patient description of their complaints.
7. A review of systems is usually performed.
8. An exam is then conducted and details are completed in the template.
9. A diagnosis is then made or a preliminary diagnosis is made and requires further tests to make a final diagnosis.
10. Prescriptions may be ordered.
11. Labs or imaging or other services/procedures may be ordered or performed.
12. The note is then reviewed, edited, and signed. This step can be performed at any point.
13. The Superbill is then reviewed. An E&M code is selected. The codes are then released for billing by clicking finalize.

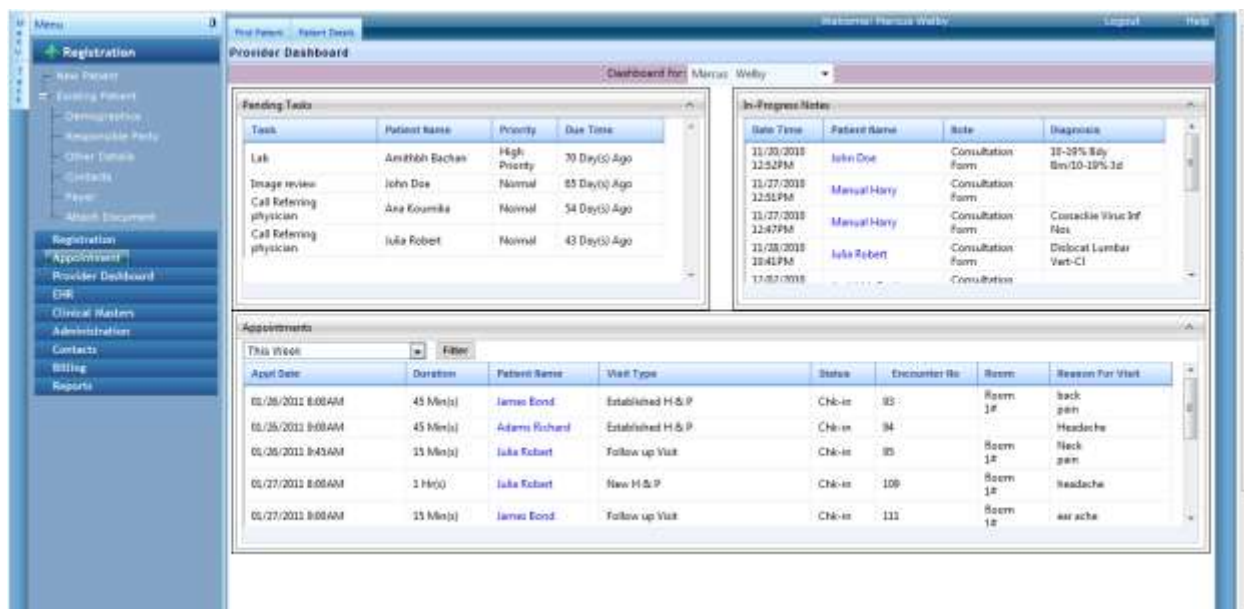
Enabledoc displays a check in the menu next to each template as information is entered and saved. A yellow check appears next to that template name to show that information has been entered. If a red check mark

appears next to a template that template has been locked to indicate the information is finalized. This feature makes it easier to know what work has been completed and what work has not. A provider is not required to use this feature.



Provider Dashboard

A provider account is usually setup with the provider first seeing their dashboard of work. This dashboard displays provider tasks, open notes, and appointments. Tasks can be accessed by clicking the Tasks button. Notes are opened by clicking on the patient name in the notes list. Appointments can be filtered by date. To open patient dash board for patients with appointments, click on their name.



Find Patient, Appointments, & Encounters

To open an encounter, edit an appointment, add an appointment, book repeat appointments, edit the patient registration, open a patient dashboard, or enter a payment use the Find Patient feature. Click Find Patient button to display a list of appointments, encounters, notes, and patients.



Find Patient Appointments

To find a patient appointment, type their name and/or select a provider, facility, status, or date and then click the Filter button. Click on the name of the patient and the appointment. The buttons at the bottom of this menu are not active and can open an encounter, edit the patient registration, edit the appointment, book a new appointment, book a repeat appointment, open the patient dashboard (chart summary) or collect a payment.

Find Patient Encounters

To find a patient encounters, type their name and/or select a provider, facility, status, or date and then click the Filter button. Click on the name of the patient and the encounter. The buttons at the bottom of this menu are not active and can open an encounter, edit the patient registration, edit the appointment, book a new appointment, book a repeat appointment, open the patient dashboard (chart summary) or collect a payment.

Find Patient Notes

To find a patient notes, type their name and/or select a provider, facility, status, or date and then click the Filter button. Click on the name of the patient and the encounter. The buttons at the bottom of this menu are not active and can open a note, edit the patient registration, edit the appointment, book a new appointment, book a repeat appointment, open the patient dashboard (chart summary) or collect a payment.

Find Patient List

To find a patient with a registration, type their name and/or select a provider, facility, status, or date and then click the Filter button. Click on the name of the patient and the encounter. The buttons at the bottom of this menu are not active and can open a new encounter without an appointment, edit the patient registration, edit the appointment, book a new appointment, book a repeat appointment, open the patient dashboard (chart summary) or collect a payment.

Editing an Encounter Detail for a Checked in Patient

To modify a patient's encounter details, such as their insurance, provider assigned to the patient, or referring physician, after they have already checked in can do so through Find Patient. Click Patient List, select the patient, click open encounter, and the dialog box below opens. Click edit on the encounter that needs to be modified, make the changes, and then click the Update Encounter button.

Open Encounter

Account # : 20 , Patient Name : Barack Obama , Rendering Provider : Marcus Welby

Open Encounters for Patient : Barack Obama

Encounter#	Encounter Date	Provider	Facility	Diagnosis	
49	12/13/2010 2:12PM	John Wall	Roanoke Physicians		Edit
50	12/13/2010 10:42PM	Marcus Welby	Roanoke Physicians	<24 Comp Wks Gestation	Edit

Select details to create new encounter for Patient : Barack Obama

Facility * Rendering Provider *

Visit Type *

Referred Type Referring Physician

Payment Case Authorization No

Electronic Health Record (EHR)

When accessing the EHR for a patient, the first screen that displays is the patient dash board. The menu for EHR displays the templates for a form that are assigned to a patient visit. If no encounter is open, the patient dashboard displays, but none of the menu options will function. To open an encounter without an appointment, click Find Patient, select Patients, select the patient, and click open encounter, which displays a dialog box that allows a new encounter to be created or an existing one to be edited.

Patient Dashboard

When accessing the EHR for a patient, the first screen that displays is the patient dash board. This screen presents a summary of the patient's historical and current medical information. This information can be filtered by date range or by encounter.

Encounter Date	Encounter Name	Diagnosis	Status
11/28/2010 10:41PM	Marcus Welby	Dislocated Lumbar Vert-C1	Open
12/06/2010 7:48PM	Marcus Welby	Coxsackie Virus Inf Nec	Open
01/26/2011 8:03PM	Marcus Welby	Coxsackie Virus Inf Nec	Open
01/27/2011 5:26PM	Marcus Welby	Coxsackie Virus Inf Nec	Open

Date	Provider	Type
11/27/2010	Marcus Welby	Call Referring physician

Allergy Type	Allergy Name	Reaction
Drug	4-Way Menstrual	hives

ICD Description	Status	Condition	Date
Dislocated Lumbar Vert-C1	Primary	Severe, Worse	11/28/2010
Coxsackie Virus Inf Nec	Primary	Worse	12/06/2010
Coxsackie Virus Inf Nec	Primary	Worse	01/27/2011

Order Date	Service Name
01/28/2011 12:00AM	Follow Up Inpatient Consultation Med
01/28/2011 12:00AM	Follow Up Inpatient Consultation Med
01/27/2011 9:36AM	BMP Compl Auto HemoSAuto Official
01/28/2011 12:00AM	Office Consult, High 80 Minutes

Forms, Notes, & Letters

Forms, Notes, and Letters are selected by clicking Forms on the main menu. The form that is defaulted to open for an encounter is displayed under the Patient Notes section. Any of the forms can be selected and opened, by clicking Add to Notes and then clicking on the Form name under Patient Notes. If one or more letters are created from the Word Processor, the Letters will display here. Clicking on a letter name will open that letter.

Notes Julia Robert, 25 Yrs/Female

Form Name:

Form Name	Specialization	Provider	Visit	Add To Notes
Consultation Form	All Specialty	Group	For All Visits	Add to Notes
Followup	All Specialty	Group	Follow up Visit	Add to Notes
Chiro Exam	All Specialty	Group	For All Visits	Add to Notes
Standard Form	All Specialty	Group	For All Visits	Add to Notes

Patient's Note(s)

Form Name	Priority	Status
Consultation Form		In-Progress

Letter(s)

	Exception	Letter Date	Letter Type	Letter From	Letter To
Open	48	01/30/2011 1:43PM	Consultation	Brian Thompson	Julia Robert

Color Legend

- Default Form

Past Patient History

Past patient medical, social and family history is a custom template that can be modified to add custom sections with the following field types: text, check box, pull downs, Boolean (yes/no), date, and word processors with selectable default text. Fields can also be set to appear based on patient gender and can display in a table. Section names, field names, and value text can be set to appear in the note. Default text can be created to appear in the note instead of the field values.

Past History Save Lock

Template: Social History

Social History

Past Medical History

Property Name	Value
Recreational drug use:	<input type="text" value="Select"/>
Drug dependency?	<input type="text" value="Select"/>
Drinks alcohol?	<input type="text" value="Select"/>
Smokes?	<input type="text" value="Select"/>
Quit smoking since:	<input type="text" value="1/1"/>

Pull from Prior Exam: This button allows the value from the prior exam for this section of the template to be pulled in. The values can be modified and saved.

Set Default: This button sets the values for this section to the default field settings.

Undo Change: This button will change the field value back to their original settings.

Save: Providers can switch between sections and then save all the data. Saving the field values places a yellow check mark on the main menu to indicate that some information has been entered for this template.

Lock: This button prevents the data from being modified and changes the check mark on the main menu to red, which signifies the template has been completed. The template can be unlocked, by clicking the Unlock button.

To cancel any changes just click on another menu option and no field values are saved.

Vitals

Vital templates are also customizable per provider. Multiple vital can be captured for one patient encounter by entering the time for each vital measurement. BMI and BSA are automatically calculated. These values appear in the medications screen and used for dosage calculation and dosage range checking. The values entered will appear in the note.

The screenshot displays the 'Vitals' section of an EHR application. On the left is a navigation menu with 'Vitals' highlighted. The main window shows a 'Current Vitals' form for a patient named 'John Robert 38 Yrs Female Consultation Visit'. The form includes input fields for various vital signs: Height (HT), Weight (WT), Temperature (T), Respiration (R), Pulse (P), BP Systolic (BPS), and BP Diastolic (BPD). Each input field is accompanied by a 'B/I' (Bleed/Interfere) checkbox and a 'Remarks' field. At the top right of the form are buttons for 'History', 'Save', and 'Lock'. Below the main input fields is a table with columns: 'Vital Date', 'Vital', 'Value', 'B/I', 'Remarks', 'Entered By', 'Entered Date', and 'Cancel'. At the bottom of the form, there are radio buttons for 'Wrong Patient', 'Wrong Date Time', and 'Wrong Value', along with a 'Cancel' button.

If a vital value is entered incorrectly, check the box next to the value and select the reason. Click the save button to update the information.

History: Displays all the historical patient vitals.

Save: Saves the values entered.

Lock: Provides an indication of the vitals entered are finalized.

Allergies

Patient known allergies to medications, food, or environment are document here and used by the prescriptions module to check against drug-allergies interactions.

No Allergies: If the patient has no known allergies, check the No Allergies box and click the Update No Allergies button.

Drug and Other: To search for drug interactions, select drug. To search for any other reactions, select Other. The list for other interactions is entered in Administration Allergy Template.

Search: Type the name of a medication or part of a name to search brand and generic medications knowledge base. Select the medication the patient is allergic to by clicking select.

Onset Date: Select the date that the patient had the reaction.

Intolerance: Indicates that the patient is intolerant to.

Reaction: This is a required field to type a description of the patient's reaction caused by the allergy or intolerance.

Remarks: Additional remarks can be types in this field.

Add to Grid: Click this button to save the allergy to the list.

Edit: In either the Drug Allergies or Other Allergies tab, click the edit link to edit the allergy. The information then appears in the list on the left, then Add to Grid to save it.

De-activate an Allergy: Click the X mark next to the allergy the patient allergy and type remarks about why the allergy is being de-activated.

Chief Complaints

Chief Complaints template captures patient describe problems and creates CMS compliant description. Enabledoc contains a SNOMED CT coded problem list. The list can be searched either by clicking All Problems

and typing the problems or by typing into the problem field to recognize as the text is typed. The selected field dynamically builds sentences in the note to describe the problem(s). Simply click on word processor to see the resulting sentences that are created.

All Problems: Click this button displays all problems in the Enabledoc knowledge base. Click the number at the bottom of the table to display the next 8.

Past Problems: Clicking this button displays all problems that the provider has saved in the past. Selecting one of those problems will display all fields saved with that problem.

Past Patient Problems: Clicking this button displays all problems that the patient has had in the past. Selecting one of those problems will display all fields saved with that problem.

Favorites: Click this button to display a list of problems the provider uses. If there are more than 8 listed, click the number at the bottom of the table to show the next 8.

Add to Favorites: Select a problem and click the Add to Favorites button to add it to the Favorites list. To remove it from the list, click Favorites, select the problem, and click Remove from Favorites.

Problem: The selected problem will appear in this field or the problem can be typed here. The selected problem can be edited or additional description added.

Location: The location on the anatomy can be selected or typed. Additional locations can be added or existing ones edited.

Side: The side of the anatomy can be selected or typed.

Onset: The type of onset can be selected.

Duration: The duration of the problem can be selected or typed. Additional duration descriptions can be added or existing edited.

Quality: Up to four problem qualities can be selected or typed. Additional quality ratings can be added or existing edited.

Context: The context can be selected or typed.

Severity: The level of severity can be selected.

Associated Problem: Up to four associated problems can be selected or typed.

Patient may be pregnant: This check box indicates the patient is or maybe pregnant and is used to check during prescription ordering.

Patient is breast feeding: This check box indicates the patient is breast feeding and is used to check during prescription ordering.

Chronic: This check box will add the problem to the chronic problems list. Click on the Chronic tab to see Chronic problems.

Add to List: This button saves the selected problem and allows another to be entered.

Remarks: Remarks can be added to the end of the chief complaints section.

Pull Forward for Next Visit: Checking this box will automatically enter the chief problems in the next patient visit. This allows the information to remain the same in the next visit or can be edited and updated.

Save: Saves the Remarks and Check boxes.

HPI Details

Should a more complete description of the problems be needed, the HPI Details template allows the onset date, number of occurrences, prior history date, relieving factors, aggravating factors and denies symptoms to be added the note.

Problem: Select the problem that additional details need to be added.

Onset date: This is the date that the problem started

Number of occurrences: Select the number of times that the problem occurred.

Prior History of related illness date: This is the date of a related illness to this problem.

Relieving factors: List the factors that relieving the problem symptoms. No need to put a period, it is automatically added to the sentence.

Aggravating Factors: List the factors that aggravate the problem. No need to put a period, it is automatically added to the sentence.

Save: The save button adds the information to the note.

Current Medication

The current medication template enables the patient's current medications be selected and viewed. These medications are then checked for drug-to-drug interactions with the ordering prescription.

Search: Brand or Generic or Both: Allows the medications knowledge based to be filtered by generic or brand or both.

All Rx: Click this button displays all medications in the Lexi Comp database and allows them to be searched. Type part or the entire name of the medication to added to the current medications list. Click the number at the bottom of the table to display the next 8.

Past Rx: Clicking this button displays all medications that the provider has saved in the past. Selecting one of those medications will display all fields saved with that medication.

Past Patient Rx: Clicking this button displays all Rx that the patient has been prescribed by this organization in the past. Selecting one of those medications will display all fields saved with that medication.

Favorites: Click this button to display a list of medications the provider uses. If there are more than 8 listed, click the number at the bottom of the table to show the next 8.

Medication Grid: The medication name and dosage can be selected from the search results. Also displayed are the type, CSA code (click to display the description), and click select to select that medication.

Type Medication: The medication name can also be typed and searched through the knowledge base or a medication can be typed.

Add to Current Medications: Click this button to save the entered medication to the list. Another medication can be entered. Check the Currently Taking medication box in the current medications list to indicate the patient is taking this medication.

All other fields can be typed, but they are not required. If a medication in the list is not currently being taken, remove the check box for that medication under the currently taking column. If no medications are currently being taken, check that box, and then click the Save button. When the medications list is finalized, click the Lock button.

Lock: This button indicates that the current medication has been completed and will not change the text in the note if the note text is updated.

The screenshot displays the 'Prescription' form in an EHR system. The left sidebar contains a 'Menu' with options like 'Patient Dashboard', 'Forms', 'Word Processor', 'Superbill', 'Attachments', 'Vitals', 'Chief Complaints', 'Allergies', 'Past History', 'Prescription', 'New Prescription', 'Prescription History', 'Current Medication' (highlighted with a red checkmark), 'Diagnoses', 'ICD9', 'Orders And Procedures', 'Physical Examination', 'Immunization Chart', 'Registration', 'Appointment', 'Provider Dashboard', 'EHR', 'Clinical Masters', 'Administration', 'Contacts', 'Billing', and 'Reports'.

The main form area is titled 'Prescription' and includes a 'Search Medication' section with radio buttons for 'Both', 'Brand', and 'Generic'. Below this is a 'Master List Of Generic/Brand(My Favorites)' table with columns for 'Type' and 'CSA'. The table lists several medications, including '4-Way 1% nasal spray', '5-HTP 50 mg oral capsule', 'acetaminophen-codeine 300 mg-15 mg oral table ...', 'Lipitor 40 mg oral tablet', and 'OxyContin 40 mg oral tablet, extended release'. Each row has a 'Select' button.

Below the table is a section for 'Generic' with fields for 'J Code', 'Dose', 'Route/Forms', 'Quantity', 'Unit', 'Frequency', 'Refill', 'PRN', 'DAW', 'Start Date', 'Days', 'Pharmacy', 'Comments', and 'Supervisor'. There is an 'Add to Current Medications' button at the bottom right of this section.

The right side of the form shows 'Patient Details' with fields for 'Drug Allergy(s)', 'Other Allergy(s)', 'Weight(Kg)', 'BSA', and checkboxes for 'Offered a prescribe', 'Patient is or maybe pregnant', 'Patient is breast feeding', and 'No current medications'. Below this is a table for 'Current Medications(4)' with columns for 'Currently Taking', 'Start Date', 'PRN', 'DAW', and 'Medication'. The table lists four medications: 'Claritin 24 Hour Allergy 10 mg', 'Lipitor 40 mg oral tablet', 'Lipitor 40 mg oral tablet', and 'Claritin 24 Hour Allergy 10 mg'. Each row has a 'Currently Taking' checkbox and an 'Edit' button.

Review of Systems

This screen is an example of the review of systems template. Previous review of system data can be pulled into this review. The defaults set in the template can be set or selections can be undone. ROS separates answers into positive or negative findings. Pressing the Save button saves all answers in all sections. Lock indicates that the ROS is finalized and displays a red check mark on the menu.

Checking Pull forward for Next Encounter will automatically put the data from this encounter into the next encounter. The information can be modified, but if it remains unchanged, there is no reason to open this template, which saves time.

Menu: Patient Dashboard, Home, Word Processor, Superbill, Attachments, Vital Signs, Chief Complaints, Allergies, Prescription, New Prescription, Prescription History, Past History, Current Medication, Diagnosis, Orders And Procedures, Physical Examination, Immunization Chart, Registration, Appointment, Provider Dashboard, EHR, Clinical Masters, Administration, Contacts, Billing.

Form Title: RDS (Reviews of systems)

Template: General

Buttons: Pull From Prior Exam, Set Default, Undo Changes

Property Name	Value
HEADACHES	No
FEVER OR CHILLS	Yes
FATIGUE OR MALAISE	Selected
SIGNIFICANT WEIGHT LOSS	Yes
EXERCISES REGULARLY	No

Physical Exam and Custom Templates

This custom form is used as a physical exam. Data can be pulled from the prior exam or set as default settings, such as normal. This template supports custom section names and fields. The field types are check boxes, pull downs, Boolean, date, word processor default text, and text boxes. Information can be set by gender and displayed in a table. See the Clinical Master Guide on how to create and modify templates and forms.

Menu: Patient Dashboard, Home, Word Processor, Superbill, Attachments, Vital Signs, Chief Complaints, Allergies, Prescription, New Prescription, Prescription History, Past History, Current Medication, Diagnosis, Orders And Procedures, Physical Examination, Immunization Chart, Registration, Appointment, Provider Dashboard, EHR, Clinical Masters, Administration, Contacts, Billing.

Form Title: Physical Examination

Template: Head and Face

Buttons: Pull From Prior Exam, Set Default, Undo Changes

Property Name	Value
Salivary Glands:	<input type="checkbox"/> Normal <input type="checkbox"/> Parotid mass - Right <input type="checkbox"/> Parotid mass - Left <input type="checkbox"/> Parotid swelling and tenderness - Right <input type="checkbox"/> Parotid swelling and tenderness - Left <input type="checkbox"/> Submandibular gland swelling and tenderness - Right <input type="checkbox"/> Submandibular gland swelling and tenderness - Left <input type="checkbox"/> Submandibular gland swelling and tenderness - Right
Palpation/Precussion:	<input type="checkbox"/> No tenderness to palpation <input type="checkbox"/> Sinus tenderness <input type="checkbox"/> Preauricular tenderness <input type="checkbox"/> Tenderness in TMJ Region
Inspection:	<input type="checkbox"/> Normocephalic <input type="checkbox"/> No scars <input type="checkbox"/> No lesions <input type="checkbox"/> No masses <input type="checkbox"/> Scars <input type="checkbox"/> Lesions <input type="checkbox"/> Masses
Facial Strength:	<input type="checkbox"/> Normal <input type="checkbox"/> Left-side weakness <input type="checkbox"/> Right-side weakness

Diagnosis

The diagnosis template enables the patient's diagnosis or diagnoses to be selected. These medications are then checked for drug-to-drug interactions with the ordering prescription.

All Diagnosis: Click this button displays all diagnosis in the ICD9 database and allows them to be searched. Type part or the entire name of the diagnosis to added to the list of diagnosis or chronic diagnosis. Click the number at the bottom of the table to display the next 8.

Past Diagnosis: Clicking this button displays all medications that the provider has saved in the past. Selecting one of those diagnoses will display all fields saved with that diagnosis.

Past Diagnosis: Clicking this button displays all diagnoses that have been made for this organization in the past. Selecting one of those diagnoses will display all fields saved with that diagnosis.

Favorites: Click this button to display a list of diagnosis the provider uses. If there are more than 8 listed, click the number at the bottom of the table to show the next 8.

Group: Select the ICD9 diagnosis group to filter by the code category. This is optional.

Subgroup: After selecting the group, a subgroup to further search for a code. This is optional.

Diagnosis Grid: The ICD9 and description are displayed after search results. Also displayed are the type, CSA code (click to display the description), and click select to select that medication.

The screenshot shows the 'Patient Diagnosis(s)' section of the EnableDoc EHR. It features a sidebar menu on the left with options like 'Patient Dashboard', 'Forms', 'Word Processor', 'Superbill', 'Attachments', 'Vitals', 'Chief Complaints', 'Allergies', 'Past History', 'Prescription', 'New Prescription', 'Prescription History', 'Current Medication', 'Diagnosis', 'ICD9', 'Orders And Procedures', 'Physical Examination', 'Immunization Chart', 'Registration', 'Appointment', 'Provider Dashboard', 'EHR', 'Clinical Masters', 'Administration', 'Contacts', 'Billing', and 'Reports'. The main content area has tabs for 'All Diagnosis', 'Past Diagnosis', 'Past Patient Diagnosis', and 'Favorites'. Below these tabs are search filters for 'Group', 'Sub-Group', and 'Anywhere'. A table lists ICD9 codes and descriptions, with a 'Select' button for each. A 'Diagnosis Details' section is visible at the bottom, containing fields for 'ICD Code', 'Diagnosis', 'Location', 'Type', 'Condition', 'Facility', and 'Remarks'. A 'Remove From Favorite' button is also present.

ICD9: This box displays the selected ICD and allows a code to be entered and located by clicking Select.

Onset Date: This is the date that the problem started.

Diagnosis: The diagnosis selected above will appear here or the diagnosis name can be typed.

Location: The location of the diagnosed problem can be selected.

Primary: Checking this box indicates in the note that this is the primary diagnosis and puts the diagnosis first in the note.

Chronic: This check box will add the problem to the chronic problems list. Click on the Chronic tab to see Chronic problems.

Type: The location of the diagnosed problem can be selected.

Location: The location of the diagnosed problem can be selected.

Resolved: Checking this box indicates in the note that this the problem has been resolved.

Location: The location of the diagnosed problem can be selected.

Add to List: This button saves the selected problem and allows another to be entered.

Remarks: Remarks can be added to the end of the chief complaints section.

Pull Forward for Next Visit: Checking this box will automatically enter the chief problems in the next patient visit. This allows the information to remain the same in the next visit or can be edited and updated.

Save: Saves the Remarks and Check boxes.

Diagnosis History

Clicking Diagnosis History displays this screen. Use the full down options to filter the table. Check any prior diagnoses and click Add to Today's Diagnosis to add them to the current diagnosis or make chronic.

Visit Date	ICD Code	Diagnosis	Onset Date	Location	Type	Condition(s)	Primary	Chronic	Resolved	Remarks
11/20/2010	944.16	1 Deg Burn Back Of Hand	11/04/2010	Left	Acute	Stable,Severe	Y			
11/20/2010	765.21	<34 Comp Wks Gestation	11/03/2010	Left	Acute	Stable		Y		
11/25/2010	789.07	Abdominal Pain Generalized			Acute	Severe,Worse	Y			
12/06/2010	079.2	Coxsackie Virus Inf Nose			Acute	Stable,Improved	Y			

Prescriptions

Prescription template uses a Lexi Comp knowledgebase to allow medication to be recommended by diagnosis or condition, generic or brand, and search by name. Selecting a medication displays the CSA level and if it is

available as over the counter. Substitute medications, warnings and patient monogram information are also provided. Current medications and allergies are checked. Formula is also recommended and alerted if out of the normal range based on weight and age. Warnings are provided for pregnant and breastfeeding.

Search: Brand or Generic or Both: Allows the medications knowledge based to be filtered by generic or brand or both.

All Rx: Click this button displays all medications in the Lexi Comp database and allows them to be searched. Type part or the entire name of the medication to added to the current medications list. Click the number at the bottom of the table to display the next 8.

Past Rx: Clicking this button displays all medications that the provider has saved in the past. Selecting one of those medications will display all fields saved with that medication.

Past Patient Rx: Clicking this button displays all Rx that the patient has been prescribed by this organization in the past. Selecting one of those medications will display all fields saved with that medication.

Favorites: Click this button to display a list of medications the provider uses. If there are more than 8 listed, click the number at the bottom of the table to show the next 8.

Medication Grid: The medication name and dosage can be selected from the search results. Also displayed are the type, CSA code (click to display the description), and click select to select that medication.

Type Medication: The medication name can also be typed and searched through the knowledge base or a medication can be typed.

The screenshot displays the 'Prescription' form in an EHR system. The left sidebar contains a menu with options like 'Patient Dashboard', 'Forms', 'Word Processor', 'Scheduling', 'Attachments', 'Chief Complaints', 'Past History', 'Allergies', 'HDS', 'Prescription', 'New Prescription', 'Prescription History', 'Physical Examination', 'Vitals', 'Current Medication', 'Diagnosis', 'Orders And Procedures', 'Immunization Chart', 'Registration', 'Appointment', 'Provider Dashboard', 'EHR', 'Clinical Masters', 'Administration', 'Contacts', and 'Billing'. The main area is titled 'Prescription' and includes a 'Search Medication' section with radio buttons for 'Both', 'Brand', and 'Generic'. Below this are buttons for 'All Rx', 'Past Rx', 'Past Patient Rx', and 'Favorite Rx'. A search bar is present with a 'Search' button. A table titled 'Master List Of Generic/Brand/My Favorites' lists medications: '4-Way 1% nasal spray' (OTC, 0, Select), '3-HTP 50 mg oral capsule' (OTC, 0, Select), 'amoxicillin 250 mg oral capsule' (RX, 0, Select), and 'Comfort Pac with Naxoran 500 mg oral and 100 ...' (RX, 0, Select). Below the table is a section for 'Type Medication Name to Select' with buttons for 'Delete From Favorite', 'Substitute', 'Warnings', and 'Monographs'. The 'Generic' section includes fields for 'J Code', 'Today's Diagnosis', 'Dose', 'Quantity', 'Frequency', 'PRN', 'DAW', 'Start Date', 'Days', 'Pharmacy', 'Mode', and 'Comments'. The 'Patient Details' section on the right includes 'Drug Allergy(s)', 'Other Allergy(s)', 'Weight(Kg)', 'BSA', 'Offered prescribe', 'Patient is or maybe pregnant', 'Patient is breast feeding', and 'No current medications'. The 'Prescription' section at the bottom shows a table with columns for 'Start Date', 'PRN', 'DAW', and 'Medication', with one entry for 'amoxicillin 250 mg oral capsule'.

Diagnosis: One or more diagnosis entered on the diagnosis screen can be entered here.

Dose: The selected dose appears in the field.

Form: The selected form appears in this field.

Quantity: The quantity of the medication is recommended and can be changed.

Unit: The unit of medication appears here unless it needs to be selected.

Frequency: How often the medication should be taken is entered here.

Refill: The refill amount is selected or typed here.

PRN: Checking this box means to take only as needed (“pro re nata”).

DAW: Checking this box indicates to dispense the medication as written.

Start Date: The start date for taking the medication is entered here.

Days: The days a medication should be taken are entered here.

Pharmacy: The default pharmacy comes from the patient registration, but the list of pharmacies comes from Surescripts.

Mode: The mode sets the method that a prescription is sent.

Comment: Any comments for the patient are typed here.

Days: The days a medication should be taken are entered here.

Bill to patient: Checking this box indicates the patient should be charged for the medication.

Supervisor: If a supervisor needs to be assigned to a prescription, select the provider here.

Patient maybe pregnant: If the patient is or maybe pregnant certain medications should not be prescribed. An alert is displayed with this warning.

Patient is breastfeeding: If the patient is breastfeeding certain medications should not be prescribed. An alert is displayed with this warning.

Offered eprescribe: This check box allows a provider to track if they offered electronic prescription filling to the patient.

Add to Prescription: The entered prescription is added to the prescribe list. Another prescription can now be selected or sent

Allergies come from the Allergies module. The weight and BSA comes from Vitals.

Send: This button displays a summary of the medications being ordered and allows the prescription to be printed or sent electronically.

Lock: This button indicates that the prescription has been printed or sent and is finalized. The text in the note is finalized and can be updated in the note.

Prescription History & Refill

The prescription's ordered previously or entered as current medications display in this list. Refills also appear and can be accepted or rejected.

The screenshot displays the 'Prescription History' section of an EMR application. On the left is a navigation menu with categories like 'EMR', 'Patient Dashboard', 'Forms', 'Visit Process', 'Diagnosis', 'Prescription', and 'Registration'. The main content area has a header with 'Prescription History' and buttons for 'Add to Current Medication', 'Go To Medication', 'Add To Prescription', and 'Void'. Below this are search filters for Medication, Diagnosis, Delivery, Pharmacy, Status, Facility, Date, and Provider. There are checkboxes for 'Patient consents to access history' and 'Medis reviewed'. Two tables are shown: 'Current Medications' with columns for Select, Start Date, Medication, Dose, ICDCode, Forms, Quantity, EndDate, Refill, and Comments; and 'Historical Medications' with columns for Select, No, EncounterID#, Start Date, PIR, DAW, Medication, Dose Form, ICDCode, Route, Quantity, EndDate, Refill, and Comments. The 'Current Medications' table has one row for 'Comfort Pac with Naproxen 500 mg oral and topical kit'. The 'Historical Medications' table has two rows: one for 'Vicodin 5 mg-500 mg oral tablet' and one for 'Comfort Pac with Naproxen 500 mg oral and topical kit'.

Orders (Labs, Imaging, etc) & Procedures

Prescription template uses a Lexi Comp knowledgebase to allow medication to be recommended by diagnosis or condition, generic or brand, and search by name. Selecting a medication displays the CSA level and if it is available as over the counter. Substitute medications, warnings and patient monogram information are also provided. Current medications and allergies are checked. Formula is also recommended and alerted if out of the normal range based on weight and age. Warnings are provided for pregnant and breastfeeding.

Search: Brand or Generic or Both: Allows the medications knowledge based to be filtered by generic or brand or both.

All Services: Click this button displays all services (CPT & HCPCS & Custom) from the AMA CPT database and allows them to be searched by category and name/number. The form information changes for labs, radiology and all other services.

Past Services: Clicking this button displays all medications that the provider has saved in the past. Selecting one of those medications will display all fields saved with that medication.

Past Patient Services: Clicking this button displays all services that the patient has been ordered or procedure performed by this organization in the past. Selecting one of those services will display all fields saved with that service.

Favorites: Click this button to display a list of services the provider uses. If there are more than 8 listed, click the number at the bottom of the table to show the next 8. To remove the service from the list, click the Remove from Favorites button.

Services Grid: The services and codes can be selected from the search results. Putting the cursor over the name will display the long description of the service.

Add to Favorite: This button allows the selected service to be added to the favorites list.

Lab Order Type Selected: If a lab service is selected, a lab order form displays with collection information.

Lab: A default lab comes from the patient registration or a lab can be selected from Contacts.

All other lab information can be entered to appear on the order form.

The screenshot shows the EHR interface with the 'Orders' section. The 'All Services' tab is active, displaying a table of services. The service 'Blood Occult Peroxidase Actv Qual Feces 1-3 Spec' (CPT 82272) is selected. Below the table, the 'Service Details' form is visible, showing fields for Service Name, CPT Code (82272), ICD Code (707.03), Provider (Marcus Welby), Facility (Roanoke Physicians), Lab, and checkboxes for Fasting Required and Specimen Taken. The collection date is 2/3/2011 6:28 PM.

CPT	All Services Name	Today Orders	ICD Code
82040	Albumin Serum Plasma/Whole Blood	Select	
00770	Anesthesia Major Abdominal Blood Vessels	Select	
82272	Blood Occult Peroxidase Actv Qual Feces 1-3 Spec	Select	707.03
77054	Bone Marrow Blood Supply	Select	
36592	Collect Blood From Catheter Venous Nose	Select	
36591	Collect Blood From Implant Venous Access Device	Select	
0513P	Elevated Blood Pressure Plan	Select	

Service Details

Service Name: Search By Text

CPT Code: 82272

ICD Code: 707.03

Provider: Marcus Welby

Facility: Roanoke Physicians

Lab:

☒ Fasting Required ☒ Specimen Taken

Specimen:

Collection Date: 2/3/2011 6:28 PM

Method:

Place:

Radiology Orders: Selecting a radiology service displays a radiology order form.

Menu: EHR, Patient Dashboard, Forms, Word Processor, Superbill, Attachments, Chief Complaints, Past History, Current Medication, Vitals, AOS, Physical Examination, Diagnosis, Prescription, New Prescription, Orders And Procedures, Registration, Appointment, Provider Dashboard, EHR, Clinical Masters, Administration, Contacts, Billing, Reports.

First Patient: James Bond, 21 Yr/Male, Standard Form

Orders: All Services, Past Services, Past Patient Services, Order Sets, Favorites, Allergy List Reviewed, Allergy Details, Order History

Category: All

Search: any where, Search

Buttons: Patient is or maybe pregnant, Patient is breastfeeding, Pull Forward From Prior Exam

CPT	All Services Name	Today Orders	ICD Code
3319F	1of6 Chest X-Ray-Cl-Ur-Mri-Pet-Nucl Med Scans	Blood Occult Peroxidase Actv Qual Pease 1-3 Spec	707.03
76377	3d Rndr I&R Cl Mri Us/Oth Req Postpoc		
76376	3d Rndr I&R Cl Mri Us/Oth X Req Postpoc		
75557	Cardiac Mri Morphology & Function W/O Contrast		
75558	Cardiac Mri W Flow/Velocity Quant		
75560	Cardiac Mri W Flow/Velocity Quant & Stress		
75559	Cardiac Mri W/O Contrast W Stress Imaging		

Buttons: Add To Favorites

Service Details

Service Name: Cardiac Mri W Flow/Velocity Quant

CPTCode: 75558, Modifier:

ICD Codes: 707.03

Provider: Marcus Welby, Facility: Roanoke Physicians

Imaging Center:

Contrast: With, Without, Both

Instruction:

Order Date: 2/3/2011 7:31 PM, Due Date: 02/03/2011

All other orders and procedures: Selecting any other procedure, but lab and radiology, displays this screen:

Menu: EHR, Patient Dashboard, Forms, Word Processor, Superbill, Attachments, Chief Complaints, Past History, Current Medication, Vitals, AOS, Physical Examination, Diagnosis, Prescription, New Prescription, Orders And Procedures, Registration, Appointment, Provider Dashboard, EHR, Clinical Masters, Administration, Contacts, Billing, Reports.

First Patient: James Bond, 21 Yr/Male, Standard Form

Orders: All Services, Past Services, Past Patient Services, Order Sets, Favorites, Allergy List Reviewed, Allergy Details, Order History

Category: Medicine Services and Procedures

Search: any where, Search

Buttons: Patient is or maybe pregnant, Patient is breastfeeding, Pull Forward From Prior Exam

CPT	All Services Name	Today Orders	ICD Code
91122	Anrct Mono	Blood Occult Peroxidase Actv Qual Pease 1-3 Spec	707.03
90581	Anthrax Vaccine Subcutaneous Use		
97034	Appl Modality 1+ Areas Crtrst Baths Ea 15 Min		
97024	Appl Modality 1+ Areas Othrm		
97032	Appl Modality 1+ Areas Elec Stimj Ea 15 Min		
97014	Appl Modality 1+ Areas Elec Stimj Unattn		
97010	Appl Modality 1+ Areas Hot/Cold Packs		

Buttons: Add To Favorites

Service Details

Service Name: Appl Modality 1+ Areas Hot/Cold Packs

CPTCode: 97010, Modifier:

ICD Codes: 707.03

Provider: Marcus Welby, Facility: Roanoke Physicians

Referred To:

Instruction:

Order Date: 2/3/2011 7:59 PM, Due Date: 02/03/2011

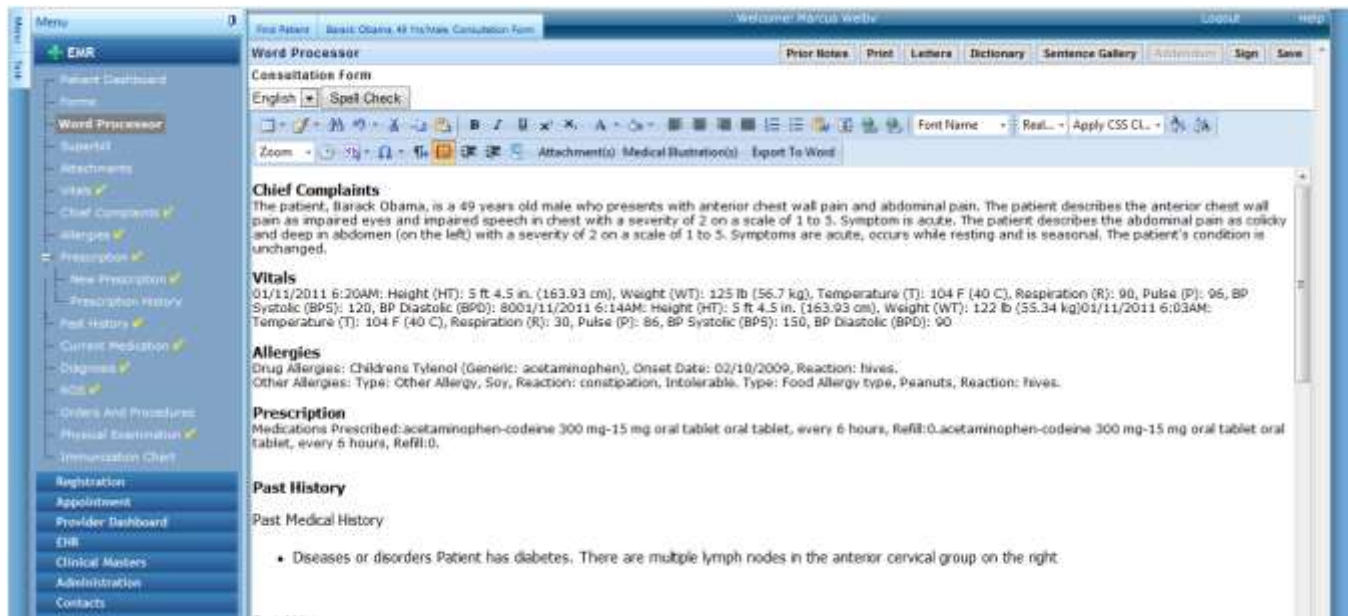
Add to List: Click this button to save the order information and add the order to the list. Another order can then be added.

Print: This button prints the order.

Lock: This button locks the order from being changed and locks the text in the note from being updated by the template.

Word Processor

The Enabledoc word processor provides advanced word processing technology found in MS Word, but is usable from any web browser. All templates send the resulting text into the word processor. The text from the templates will reload into the word processor unless a template is locked. This is important to now because typing into the note close to a template section or in a section will be deleted unless a template is locked and the note is saved.



Word Processor Features:

Spell Checker: A medical dictionary has been added into the system, but words can be imported from a text file with one word per line. Click the Dictionary button to do this and see the Administration manual. Words can be added to the system as they are being corrected. As words are checked, they can be ignored, added, or changed. When all the words are checked, this dialogue box disappears.

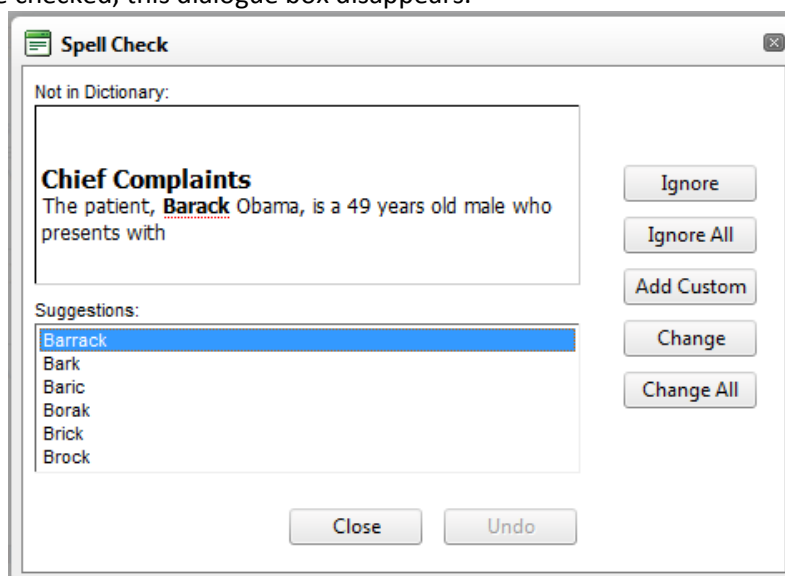

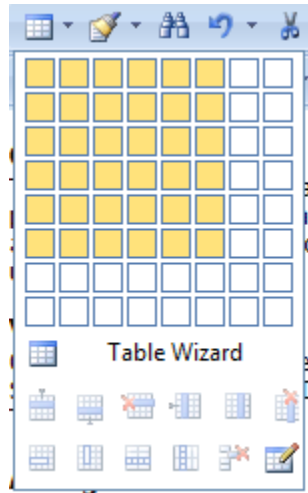
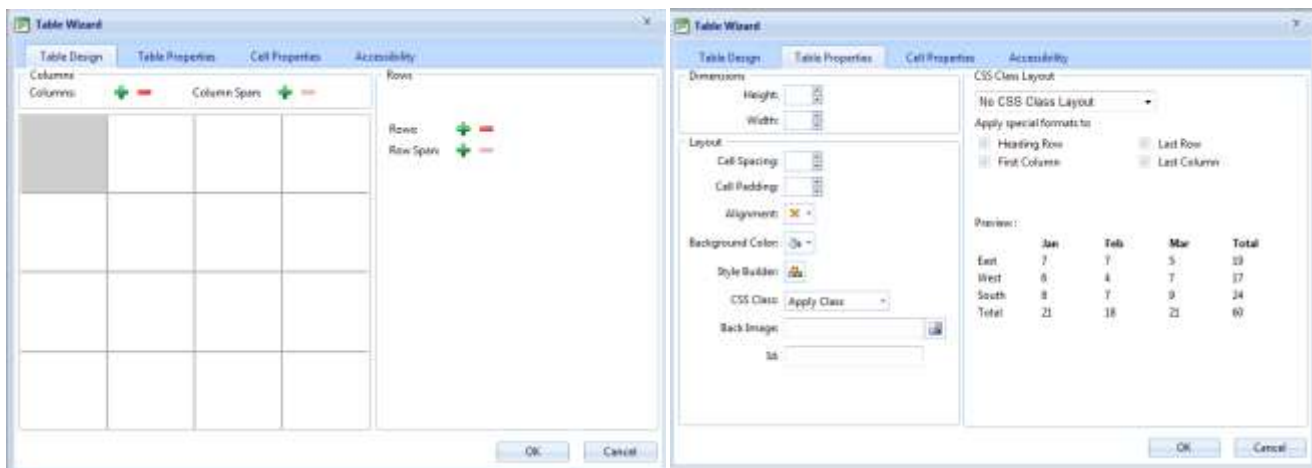
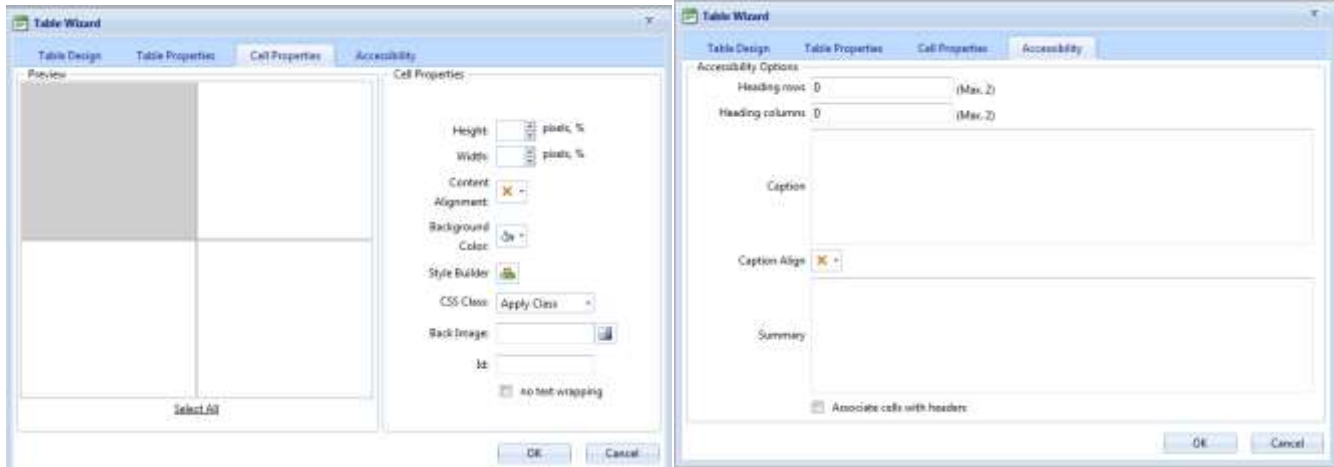


Table Wizard : Tables can be added anywhere in the document. Place the cursor where you want the table to appear. Click on the table icon and select the number of columns and rows:

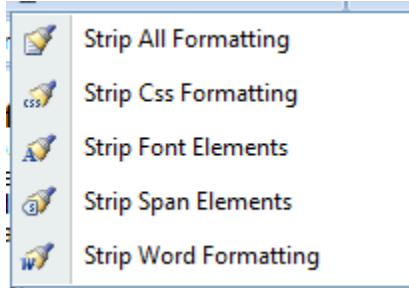


Select the table and drag it to change the size in the document or right click on it and select properties to should this dialog used to format the table. This screen enables the number of columns and rows to be increased or decreased. Table properties tab sets the tables size. Several layout styles can be selected for the table. Just select the style from the CSS Class Layout pull down. Cell properties set the cell size, alignment, color, and size. Accessibility sets the table heading and caption.

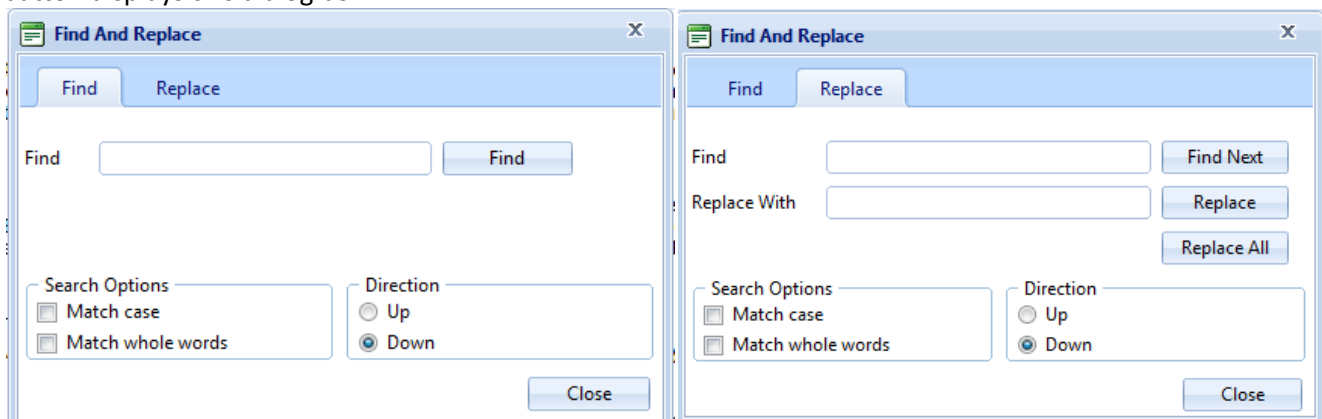




Format Stripper: This button allows formatting to be removed from text. This is helpful when cutting and pasting text from different sources to prevent unwanted formatting to appear in a note. The format stripper options appear in this pull down menu:



Find and Replace: This button allows text to be searched for and replaced in the document. Clicking this button displays this dialog box:



To find a word, type in a word(s) and click the Find button. Click the Match Case box to find only the words that exactly match this case. Click Match whole words box to require a match of the entire word(s). The search direction can also be set up or down. Click the Replace tab to replace words. Click the Close Button to return to the word processor.



Undo: Removes the last word processor operation. This does not apply to template related changes.



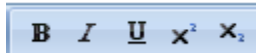
Cut: Highlight a word or sentence and click this button to remove it.



Copy: Highlight one or more words and click this button to copy it.



Paste: Once copy or cut is used, paste allows the words to be pasted where the cursor is located.



Bold, Italics, Underline, Superscript, and Subscript: This button options change the formatting of the highlighted text.



Text Color and Background color: Highlighting text and clicking these buttons will change the text color or the background color.



Alignment: These buttons set the alignment of the text.



Numbers: This button adds numbers to text.



Bullets: This button adds bullets to text.



Paste from Word: This button pastes properly from MS Word.



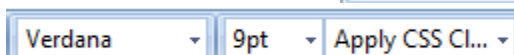
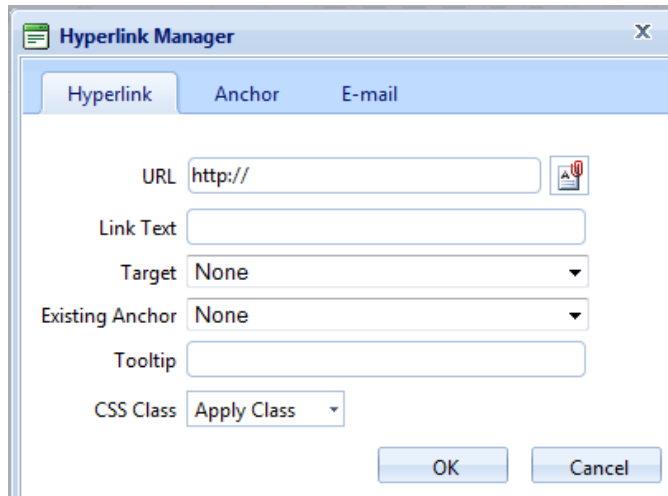
Date: Inserts the current date.



Time: Inserts the current time.



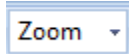
Link: This button displays this dialog box to add a link to a web site.



Font, Font Size, & Styles: Select a font, font size, and styles.



Convert to lower and upper case:



Zoom in and out with this button.



Full Screen: Expand the word processor to the width of the screen.



Symbols: Select from a list of common symbols to insert into the note.



New Line: Adds a new line.



Indent and outdent: Indents or outdents the text.

Attachment(s)

Images in the patient attachments can be selected to display in the note.

Medical Illustration(s)

Anatomy images can be inserted into the note.

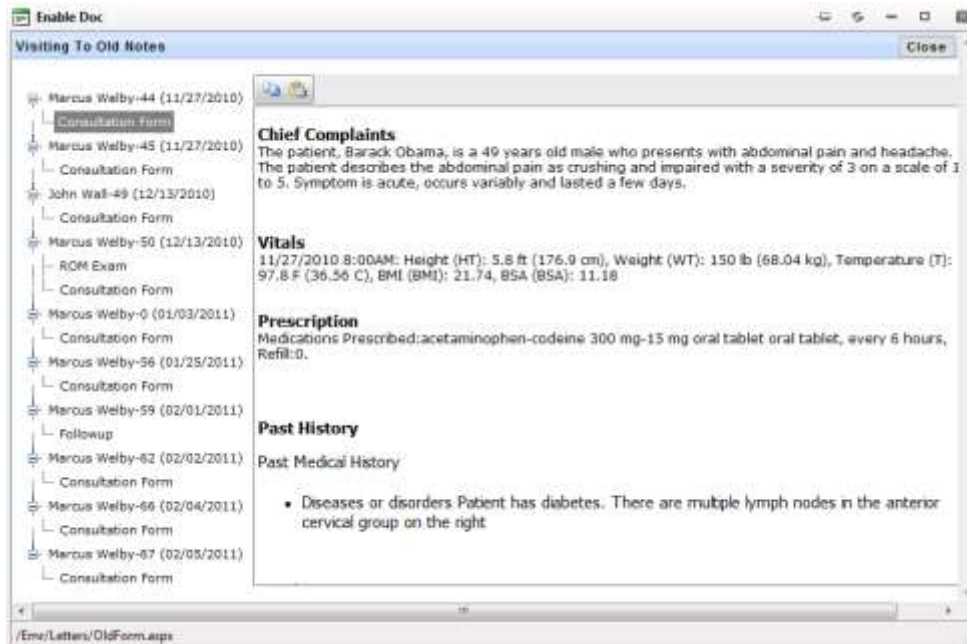
Keyboard functions: These functions are available from the keyboard.

- F10 - moves the focus on the first tool on the toolbar
- Find Dialog - CTRL+F
- Hyperlink Manager Dialog - CTRL+K
- Remove Hyperlink - CTRL+SHIFT+K
- Image Manager Dialog - CTRL+G
- Bold - CTRL+B
- Italic - CTRL+I
- Underline - CTRL+U
- Undo - CTRL+Z
- Redo - CTRL+SHIFT+Z, CTRL+Y
- Cut - CTRL+X
- Copy - CTRL+C
- Paste - CTRL+V
- Select All - CTRL+A

Sign Note: Click sign note will put the signature for this provider as the signature and indicate that the note was electronically signed. If the note is signed by someone other than the physician assigned to this patient encounter, then the note will indicate that it was signed on behalf of the patient's physician. A note can be unsigned, if the employee setting allows a note to be unsigned.

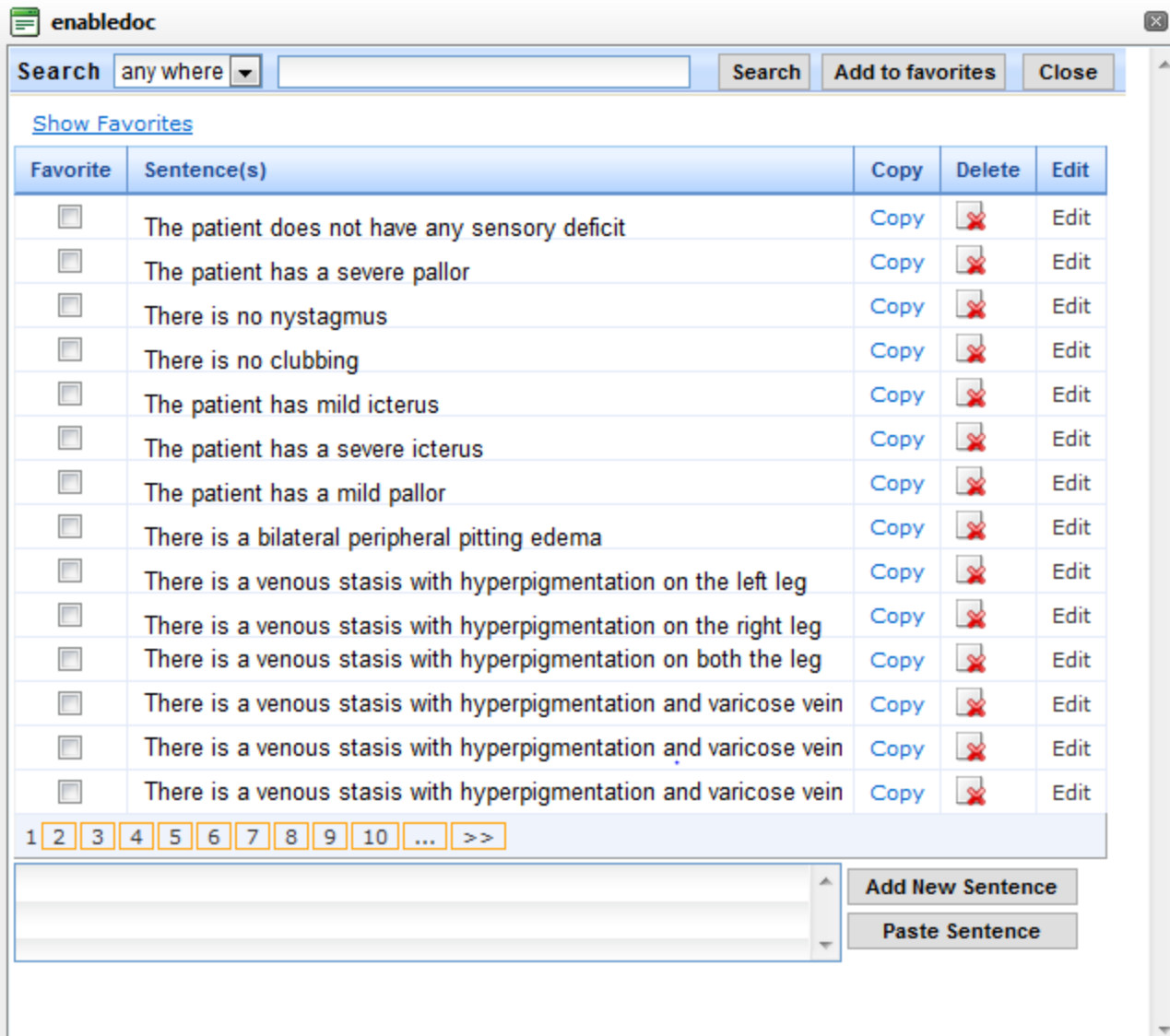
Addendum: An addendum can be added to a note to update that note. The Addendum appears after a original note.

Prior Notes: This button provides quick access to view previous notes and allows part of all of the note to be pasted into the current note.



Print: Prints the note onto the letterhead and with a template table if selected. The note appears in a PDF.

Sentence Gallery: Frequently used sentences can be saved in the Sentence Gallery. Click Copy next to a sentence and then paste Sentence to paste. You can add or change the sentence before pasting and can add the sentence to the list. Click the Add to favorites button to add the sentence to the favorites list, which can be displayed by clicking Show Favorites.



Letters: Displays a dialog both that allows the note to be inserted into a letter or attached. Select who the letters is to be addressed to. The name and address is inserted into the letter.

Type: this allows different types of template letters to be created and saved by clicking the Save Template Button. Click New to add a new template name, then select the name and type a new greeting.

Display in Letter: This displays the not in the letter. Otherwise it will be an attachment.

Addressing: This is a template that can be saved. Click New to add a dressing.

Cc: The letter can be carbon copied to anyone in the Contacts database.

H: Allows text from the sentence gallery to be added to the note.

Sign Letter: Allows the letter to be signed electronically.

Save: Saves the letter.

Print: Prints a saved letter.

Create Letters

Letters **Letter Saved** **Print** **Save** **Sign In** **Close**

To: ☐ Patient ☐ Insurance ☐ Contacts ☐ Referring Physician ☒ Primary Care Physician

Dr. Marcus Welby
2002 Marcus Way Drive
New York, New York 23100

Type: Consultation **New** ☒ Display in letter **Save Template**

Addressing: Dear, **New** Barack Obama

Greetings: Thank you for the patient referral. Here are my findings: **H**

Body:

Chief Complaints
The patient, Barack Obama, is a 49 years old male who presents with anterior chest wall pain and abdominal pain. The patient describes the anterior chest wall pain as impaired eyes and impaired speech in chest with a severity of 2 on a scale of 1 to 5. Symptom is acute. The patient describes the abdominal pain as colicky and deep in abdomen (on the left) with a severity of 2 on a scale of 1 to 5. Symptoms are acute, occurs while resting and is seasonal. The patient's condition is unchanged.

Vitals
01/11/2011 6:20AM: Height (HT): 5 ft 4.5 in. (163.93 cm), Weight (WT): 125 lb (56.7 kg), Temperature (T): 104 F (40 C), Respiration (R): 90, Pulse (P): 96, BP Systolic (BPS): 120, BP Diastolic (BPD): 80
01/11/2011 6:14AM: Height (HT): 5 ft 4.5 in. (163.93 cm), Weight (WT): 122 lb (55.34 kg)
01/11/2011 6:03AM: Temperature (T): 104 F (40 C), Respiration (R): 30, Pulse (P): 86, BP Systolic (BPS): 150, BP Diastolic (BPD): 90

Allergies
Drug Allergies: Childrens Tylenol (Generic: acetaminophen), Onset Date: 02/10/2009, Reaction: hives.
Other Allergies: Type: Other Allergy, Onset Date: , Reaction: , Intolerable: Type: Food Allergy, Type:

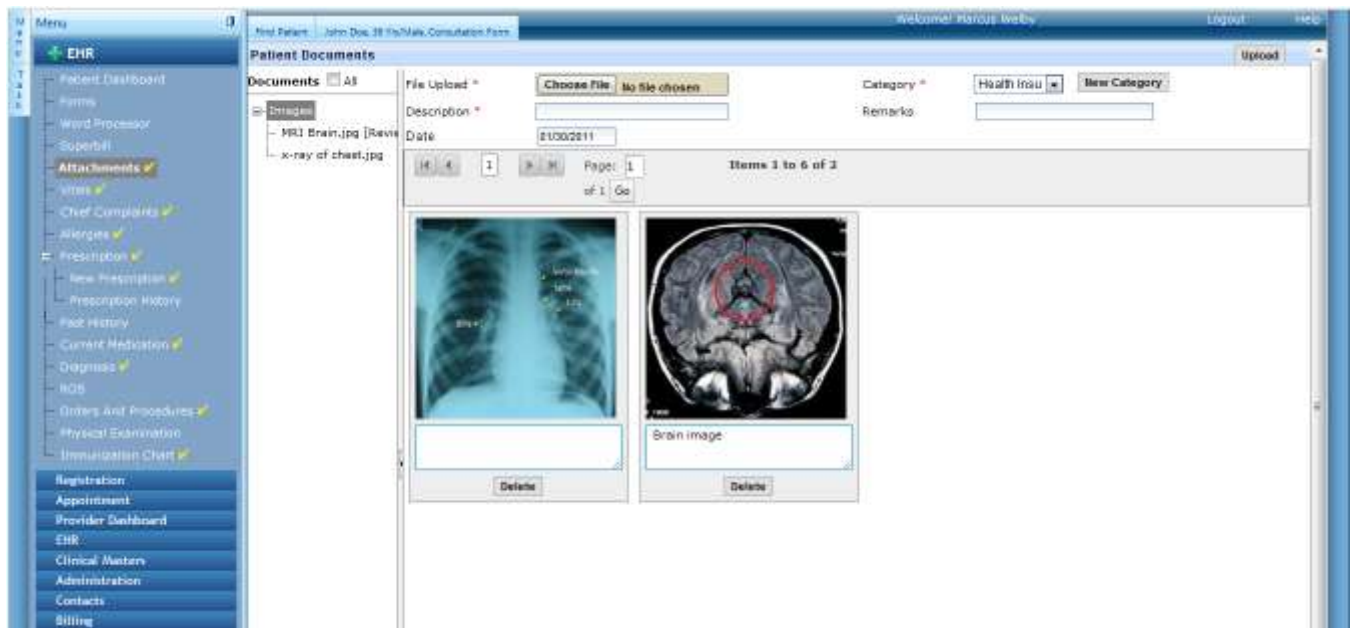
/Emr/Letters/Default.aspx

Attachments

Documents and images can be attached into custom folders for each patient. A description and remarks can be made about the attachment. Each attachment can be marked as reviewed.

Create a Category: Click this button to add a new category to save files to.

Add Attachment: Select a Category, click choose a file from your hard drive, and select the file. Type a description and any remarks, then click the Upload button. The file will appear below.



Contacts

The contacts module is used to store all referring physician, labs, radiology, and any other contacts for the organization. It is used to select labs, radiology, and physicians for patient care. Clicking Contacts displays all contacts. Custom categories can be created. Referring physicians will only display from the Provider category. Labs will pull from the Labs category. Radiology imaging contacts will display from the Imaging category.

To add a new contact, click the New button and this screen appears:

Add Contact

Category Pharmacy

Prefix First Middle Last Suffix

Company Name Location

Address State Select

City Zip

Specialty

Main Phone Home Phone Mobile Phone

Pager Number Fax Number

Email Birthday

Notes

NPI NCPDPID DEA Number CLIA Number

Reserved 1 Reserved 2 Reserved 3

Reserved 4 Reserved 5

Active ☒ Read Only ☐

[Cancel](#) [Submit](#)

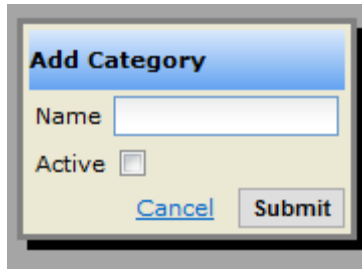
To create a new category, click Contacts Category and this screen displays:

Menu + Contacts Contacts Category Contacts Import Registration Appointment Provider Dashboard EHR Clinical Members Administration Contacts Billing Reports

New

Name	Active	
Pharmacy	<input checked="" type="checkbox"/>	Select
Lab	<input type="checkbox"/>	Select
Imaging Center	<input type="checkbox"/>	Select
Organization	<input type="checkbox"/>	Select
Provider	<input type="checkbox"/>	Select

Click New to add one or click Select to edit a category.



The image shows a small, rectangular dialog box titled "Add Category". The title bar is blue with the text "Add Category" in white. Below the title bar, the background is a light beige color. There are two main input fields: a text box labeled "Name" and a checkbox labeled "Active". The "Name" text box is empty and has a thin blue border. The "Active" checkbox is currently unchecked. At the bottom right of the dialog box, there are two buttons: a "Cancel" button with blue text and a "Submit" button with black text. The entire dialog box is framed by a thin grey border.

Add Category

Name

Active ☐

[Cancel](#)

