

NEXTGEN REFERRALS AND DIAGNOSTIC STUDIES DEMONSTRATION

This demonstration reviews the ordering of referrals and diagnostic studies in NextGen. Details of the workflow may vary somewhat, depending on practice policy and clinic layout, though this should give you a good idea of NextGen functionality.

This has been prepared with EHR 5.6.4.15 and KBM 7.9. Subsequent updates may display cosmetic and functional changes.

Use the keyboard or mouse to pause, review, and resume as necessary.

There is no audio with this exercise.

Referrals

- Generate a referral when you're seeking professional services from another provider *beyond the performance and interpretation of a test.*
- If you're just ordering a *test*, with or without interpretation, that will be done in a different manner, illustrated later.

In this example, our patient has hyperlipidemia that we have not been able to control well despite a trial of a number of regimens, due to ineffectiveness or intolerance, so we decide to refer to the endocrinologist.

Reason for visit

HPI Detail

Today's HPIs

All HPIs



	F/U		F/U
<input checked="" type="radio"/> chronic conditions	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>

Comments: (Select radio button above to add comments to reason for visit.)

Review of systems

ROS Defaults: ☐ All others negative ☒ [Update](#)

System	Neg/Pos	Findings

Vital Signs

[Add](#)

Date	Time	Temp F	Temp C	BP	Pulse	Rhythm	Respirat

Physical exam

[Physical Exam](#)

Add'l:

[Office Diagnostics](#)

[Procedures](#)

Comments:

☐ Carry forward comments

Assessment

Assessment:

Status:

1 <input checked="" type="radio"/>	Benign essential hypertension	<input type="text"/>	Diff. DX
2 <input type="radio"/>	Other and unspecified hyperlipidemia	<input type="text"/>	Diff. DX
3 <input type="radio"/>	Migraine Unsp	<input type="text"/>	Diff. DX
4 <input type="radio"/>		<input type="text"/>	Diff. DX
5 <input type="radio"/>		<input type="text"/>	Diff. DX
		<input type="text"/>	Diff. DX
		<input type="text"/>	Diff. DX
		<input type="text"/>	Diff. DX

Comments:

Plan

[My Plan/Orders](#)

[Meds](#)

[Order Management](#)

Comments:

Documents

[Chart Note](#)

[Patient Plan](#)

[Document Library](#)

[CC Providers](#)

Click [My Plan/Orders](#).

My Plan

My Plan

Plan Details

Labs

Diagnostics

Referrals

Office Procedures

Review/Consign Orders

Select a diagnosis for order set

Diagnosis	Code
Benign essential hypertension	401.1
Hhyperlipidemia	272.4
Hypertension, Benign	401.1
Migraine Unsp	346.90

Quick assessments

Problem Focused Assessments	Code
Acute bronchitis	466.01
Adhesions, Female Pelvic	614.6
Allergic Rhinitis	477.12
Amenorrhea	626.0
Anxiety	300.09
Atrophic Vaginitis	627.3
Atrophic vaginitis	627.3

Use order set from

My saved

Others saved

-select a set to use

Display

Order sets

Protocols

Protocols due in:

Save Order Set

Add or Update Assessment

Assessment comments

Procedure/Test Instructions

Record Request

Perform: -today

Lab orders

Clear

1 CBC w/diff

2 BMP panel

3 click arrow to choose

Office procedures

Clear

1 click arrow to choose

Instructions

Clear

My Instructions

Add

Del

1

Diagnosics

Clear

MR/MRA Information

1 Chest X-ray (two views)

2 click arrow to choose

Office medications

Clear

1 dexamethasone acetate injection

2 betamethasone sodium phosphate 4 mg

3 methylprednisolone injection 20 mg

4 ceftriaxone sodium injection

5 click arrow to choose

Office supplies

Clear

1 click arrow to choose

Office labs

Clear

1 urinalysis

2 click arrow to choose

Additional orders

Clear

Type: Select type (Required)

1 click arrow to choose

Follow-up visit/referral

He is to schedule a follow-up visit

He will be referred to

Task

Auto Tasking On

Place Order

(Labs/meds/diagnostics ordered here do not upload to modules.)

Lab/Diagnostics/Radiology Order Module Processing

Go to the Referrals tab.

Save and Close

Cancel

Referrals Order

My Plan

Plan Details

Labs

Diagnostics

Referrals

Office Procedures

Review/Cosign Orders

Insurance name: BCBS AL

Policy #: 0123456

To: ☒ Specialty/specialist name/site ☐ Obstetrics ☐ Therapies ☐ DME

Specialty:

Provider name: Address Detail

Location:

Diagnosis

Add or Update Assessment

Add Comments

Ngkbn Dbp Get Specialties

Description

Ambulatory Surgical Center ASC
Anesthesiology
Anesthesiology OB
Audiology
BEHAVIORAL MEDICINE FFS
Cardiac Surgery
Cardiology
Certified Nurse Midwife CNM
Chiropractor
Clinical Nurse Specialist CNS
Critical Care/Intensivists
CRNA OB
CRNA OR
Dentistry
Dermatology
Emergency Medicine
Endocrinology
Family Medicine
Gastroenterology

Refresh

OK

Cancel

Click the Specialty/specialist name/site bullet.

Click in the Specialty box, and choose the specialty from the popup.

Add

Task

Authorization

Comments

Save and Close

Close

Referrals Order



My Plan

Plan Details

Labs

Diagnostics

Referrals

Office Procedures

Review/Cosign Orders

Insurance name: Policy #

To ☒ Specialty/specialist name/site ☐ Obstetrics ☐ Therapies ☐ DME Authorization

Specialty: Provider name: [Address Detail](#) Location:

Diagnosis

[Add or Update Assessment](#)

[Add Common](#)

Ngkmb Dbp Get Specialties



Description

Ambulatory Surgical Center ASC
Anesthesiology
Anesthesiology OB
Audiology
BEHAVIORAL MEDICINE FFS
Cardiac Surgery
Cardiology
Certified Nurse Midwife CNM
Chiropractor
Clinical Nurse Specialist CNS
Critical Care/Intensivists
CRNA OB
CRNA OR
Dentistry
Dermatology
Emergency Medicine
Endocrinology
Family Medicine
Gastroenterology

[Refresh](#)

OK

Cancel

If at all possible, pick specialty from this list; this makes our referral tracking less complicated. If, however, the specialty you need is not on the list, you can X-out of this popup, and manually type a specialty. If you don't see a specialty that you frequently need, notify the EHR Team, so that it can be added.

[Save and Close](#)

[Close](#)

Referrals Order

My Plan

Plan Details

Labs

Insurance name: Policy #

To

☒ Specialty/specialist name/site ☐ Obstetrics ☐ Therapies ☐ DME

Specialty:

Provider name:

Location



Diagnosis



1.

3.

2.

4.

Services requested

Click in the **Diagnosis** box;
a list of the patient's
chronic problems and
today's assessments
appears. Select one or
more diagnoses.
(If necessary, you can **Add
or Update Assessments**.)

Ngkbn Get Current Diagnoses

Item	Description
Benign essential hypertension	401.1
Hypertlipidemia	272.4
Hypertension, Benign	401.1
Migraine Unsp	346.90

Authorization

Comments

Click a requested service; here we'll select **Evaluate and treat**.

Insurance name: Policy #:

To: Specialty/specialist name/site: Obstetrics ☐ Therapies ☐ DME ☐ Authorization required: ☐ Yes ☐ No

Specialty: Provider name: Address Detail ☐ Location:

Diagnosis

1. 272.4 3. 4.

Services requested

☐ Consult ☒ Evaluate and treat ☐ Follow-up and treat ☐ Assume care ☐ Surgery ☐

Clinical indications

Reason for referral: Time limit: Timeframe:

Clinical information/Comments

Clinical Indications / Reason for Re...

- Cardiac catheterization
- Echocardiogram
- EEG
- Fracture care
- Nerve conduction study
- PFTS
- Stress testing
- Total Obstetric care

Close

Click in the **Reason for referral box**. You can choose a selection from the popup if there is a satisfactory choice, but usually you will want to click the **blank space**, then free-type.

You have 250 characters, so there is plenty of space to explain the referral.

Here we'll type **Lipids unresponsive to fibrates, fish oil, & lifestyle modification; intolerant of multiple statins due to muscle pain (no CPK elevation). Pt requests Dr. Wilson.**

Referrals Order



My Plan

Plan Details

Labs

Diagnostics

Referrals

Office Procedures

Review/Cosign Orders

Insurance name:

Policy #

To

Specialty/specialist name/site ☐ Obstetrics ☐ Therapist ☐ DME ☐ Authorization required: ☐ Yes ☐ No

Specialty:

Provider name:  Address Detail

Location:



Endocrinology

Diagnosis

 [Add or Update Assessment](#)

Add Common Assessment



1. Hyperlipidemia

272.4

3

2

4.

Services requested

- Evaluate and treat

- Follow-up and treatment

☒ Assume care

☐ Surgery

Diagnostic testing

Clinical indications

Reason for referral:

(no CPK elevation). Pt requests Dr. Wilson.

Time limit:

Timeframe:

Clinical information/Comments

Instructions

☐ Patient referral/instructions given[Instructions Detail](#)

You can add further comments if necessary; this is a useful spot to add notes/instructions to the referrals staff.

ICD9	Diagnosis	Order	Authorization	Comments

Save and Close

Close

Click **Details** if you wish to attach a document, such as a visit note or a letter to the consultant; you'll be given the opportunity to browse available documents.

Diagnosis

1.

2.

3.

4.

[Add or Update Assessment](#) [Add Common Assessment](#)

Services requested

☒ Consult ☐ Evaluate and treat ☒ Follow-up and treat ☐ Assume care ☐ Surgery ☐ Diagnostic testing

Clinical indications

Reason for referral:

(no CPK elevation). Pt requests Dr. Wilson.

Time limit:

Timeframe:

Clinical information/Comments

Instructions

☐ Patient referral/instructions given

◆ Instructions Detail

Attachments

Details

Referrals ordered this encounter

Add

Task

ICD9	Diagnosis	Order	Authorization	Comments

Referrals Order

My PlanPlan DetailsLabsDiagnosticsReferralsOffice ProceduresReview/Cosign Orders

Insurance name: BCBS ALPolicy #: 0123456

☐ Specialty/specialist name/site☐ Obstetrics☐ Therapies☐ DMEAuthorization required: ☐ Yes☐ No

Provider name: Address DetailLocation:

Diagnosis

1. Hyperlipidemia272.4

2.

3.

4.

Services requested

☐ Consult☐ Evaluate and treat☐ Follow-up☐ Treat☐ Assume care☐ Surgery☐ Diagnostic testing

Clinical indications

Reason for referralTime limit:Time frame:

Clinical information/Comments

Instructions

☐ Patient referral/instructions givenInstructions Detail

AttachmentsDetails

Referrals ordered this encounter

ICD9	Diagnosis	Order	Authorization	Comments
272.4	Hyperlipidemia	Referral: Endocrinology.		

If necessary, you can repeat this process to create another referral. When done, click Save and Close.

Diagnostic Studies

- Generate a diagnostic study order when you're just ordering a test; a radiographic study would be a common example.
- If you're ordering a cardiac test, order a diagnostic study if you're only ordering the test; order a referral if you actually want the cardiologist to see and evaluate the patient.
- If you're ordering upper or lower GI endoscopy, order a referral, since the gastroenterologist will see and evaluate the patient before planning such procedures.

In this example, our patient has migraines, which have changed in nature during the 5th decade, and are no longer responding to previously effective therapy, so we'll order an MRI of the brain.

Reason for visit

HPI Detail

Today's HPIs

All HPIs

	F/U		F/U
<input checked="" type="radio"/> chronic conditions	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>

Comments: (Select radio button above to add comments to reason for visit.)

Review of systems

ROS Defaults: ☐ All others negative ☒ [Update](#)

System	Neg/Pos	Findings

Vital Signs

[Add](#)

Date	Time	Temp F	Temp C	BP	Pulse	Rhythm	Respirat

Physical exam

Physical Exam

Add'l:

Office Diagnostics

[Procedures](#)

Comments:

☐ Carry forward comments

Assessment

Assessment:

Status:

1 <input checked="" type="radio"/>	Benign essential hypertension	<input type="text"/>	Diff. DX
2 <input type="radio"/>	Other and unspecified hyperlipidemia	<input type="text"/>	Diff. DX
3 <input type="radio"/>	Migraine Unsp	<input type="text"/>	Diff. DX
4 <input type="radio"/>		<input type="text"/>	Diff. DX
5 <input type="radio"/>		<input type="text"/>	Diff. DX
		<input type="text"/>	Diff. DX
		<input type="text"/>	Diff. DX
		<input type="text"/>	Diff. DX

[Update](#)

[My List](#)

[Sort DX](#)

Comments:

Plan

[My Plan/Orders](#)

[Meds](#)

[Order Management](#)

Comments:

Documents

[Chart Note](#)

[Patient Plan](#)

[Document Library](#)

[CC Providers](#)

Click [My Plan/Orders](#).

My Plan

My Plan

Plan Details

Labs

Diagnostics

Referrals

Office Procedures

Review/Cosign Orders

Select a diagnosis for order set

Diagnosis	Code
Benign essential hypertension	401.1
Hhyperlipidemia	272.4
Hypertension, Benign	401.1
Migraine Unsp	346.90

Perform: -today

Lab orders

Clear

1 CBC w/diff

2 BMP panel

3 click arrow to choose

Diagnostics

Clear

MR/MRA Information

1 Chest X-ray (two views)

2 click arrow to choose

Office medications

Clear

1 dexamethasone acetate injection

2 betamethasone sodium phosphate 4 mg

3 methylprednisolone injection 20 mg

4 ceftriaxone sodium injection

5 click arrow to choose

Quick assessments

Problem Focused Assessments	Code
Acute bronchitis	466.01
Adhesions, Female Pelvic	614.6
Allergic Rhinitis	477.12
Amenorrhea	626.0
Anxiety	300.09
Atrophic Vaginitis	627.3
Atrophic vaginitis	627.3

Office procedures

Clear

1 click arrow to choose

Office supplies

Clear

1 click arrow to choose

Office labs

Clear

1 urinalysis

2 click arrow to choose

Use order set from: My saved Others saved -select a set to use

Display

Order sets Protocols due in:

Protocols

Save Order Set

Add or Update Assessment

Assessment comments

Procedure/Test Instructions

Record Request

Instructions

Clear

My Instructions

Add

Del

Additional orders

Clear

Type: Select type (Required)

1 click arrow to choose

Follow-up visit/referral

He is to schedule a follow-up visit

He will be referred to

Task

Auto Tasking On

Place Order

(Labs/meds/diagnostics ordered here do not upload to modules.)

Lab/Diagnostics/Radiology Order Module Processing

Save and Close

Cancel

Go to the Diagnostics tab.

My Plan

Plan Details

Labs

Diagnostics

Referrals

Office Procedures

Review/Cosign Orders

Insurance

Insurance name:

Assessment

<input type="radio"/>	Benign essential hypertension	401.1	<input type="radio"/>		
<input type="radio"/>	Other and unspecified hyperlipidemia	272.4	<input type="radio"/>		
<input checked="" type="radio"/>	Migraine Unsp	346.90	<input type="radio"/>		
<input type="radio"/>			<input type="radio"/>		



Orders

(When ordering studies requiring contrast, enter the proposed contrast medium into the medication module to check for potential drug interactions)

Service Item Mstr



Service Item Id	Description
70551	MRI of brain, stem, w/o contrast
70542	MRI of orbit/face/neck, w/contrast
70540	MRI of orbit/face/neck, w/o contrast
70543	MRI orbit/face/neck w/o cntrst flwd by cntrst
72142	MRI, cervical spine, w/ contrast
72141	MRI, cervical spine, w/o contrast
72156	MRI, cervical spine, w/o foll by w/ contrast
72149	MRI, lumbar spine, w/ contrast
72148	MRI, lumbar spine, w/o contrast
72158	MRI, lumbar spine, w/o foll by w/ contrast
72147	MRI, thoracic spine, w/ contrast
72146	MRI, thoracic spine, w/o contrast
72157	MRI, thoracic spine, w/o foll by w/ contrast
70553	MRIs of brain, stem, w/o foll by w/ contrast

Refresh

OK


Cancel

MRI/MRA Questions

raphy	MRI Body/Extremity
Medicine	MRA (Vascular MRI)
	MRI Head/Spine
nd OBGYN	Cardiology Studies
nd Vascular	GI Studies
nd Body	Other Diagnostic

Read only  Modifier: Position: Orientation: Schedule this:

Authorization required:

☐ Yes ☐ No

Click the **MRI Head/Spine** dropdown arrow, and select the desired study.

Save and Close

Cancel

Diagnostic Studies

My Plan

Plan Details

Labs

Diagnostics

Referrals

Office Procedures

Review/Cosign Orders

Insurance

Insurance name: BCBS ALPolicy #: 0123456

Assessment

Benign essential hypertension

401.1

Other and unspecified hyperlipidemia

272.4

Migraine Unsp

346.90

Add or Update Assessment

Add Common Assessment

Add Screening Assessment

Orders

(When ordering studies requiring contrast, enter the proposed contrast medium into the medication module to check for potential drug interactions before selecting the order below.)

Allergy

Medication

X-ray Head/Spine

X-ray Lower Extremity

X-ray Body

CT Head/Spine

CT Body/Extremities

Mammography

PET

Ultrasound OBGYN

Ultrasound Vascular

Ultrasound Body

MRI Body/Extremity

MRI Head/Spine

Cardiology Studies

GI Studies

Other Diagnostic

Qty: Code: Diagnostic study:

1 70553 MRIs of brain, stem, w/o foll by w/ coi

ICD9: Billing diagnosis:

346.90 Migraine Unsp

Side: Site: Location:

Read only

Modifier: Position: Orientation: Schedule this:

Authorization required: Yes No

Place Order

Order Module Process

Diagnostic studies ordered this visit

Status

Order

Authorization

Date Completed

Diagnosis

Add further details as necessary, such as the side for a unilateral study.

Here will just add that we want the test within 1 week.

TIMEFRAME / FREQU...

Today

1 day

2 days

3 days

4 days

5 days

6 days

1 week

2 weeks

Close

Assessment

Policy #: 0123456

Assessment

Add Screening Assessment

Orders

(When ordering studies requiring contrast, enter the proposed contrast medium into the medication module to check for potential drug interactions before selecting the order below.)

Medication
Imitrex 100 mg Tab
metoprolol succinate ER 100 mg 24 hr Tab

CT Body/Extremities

Ultrasound Body

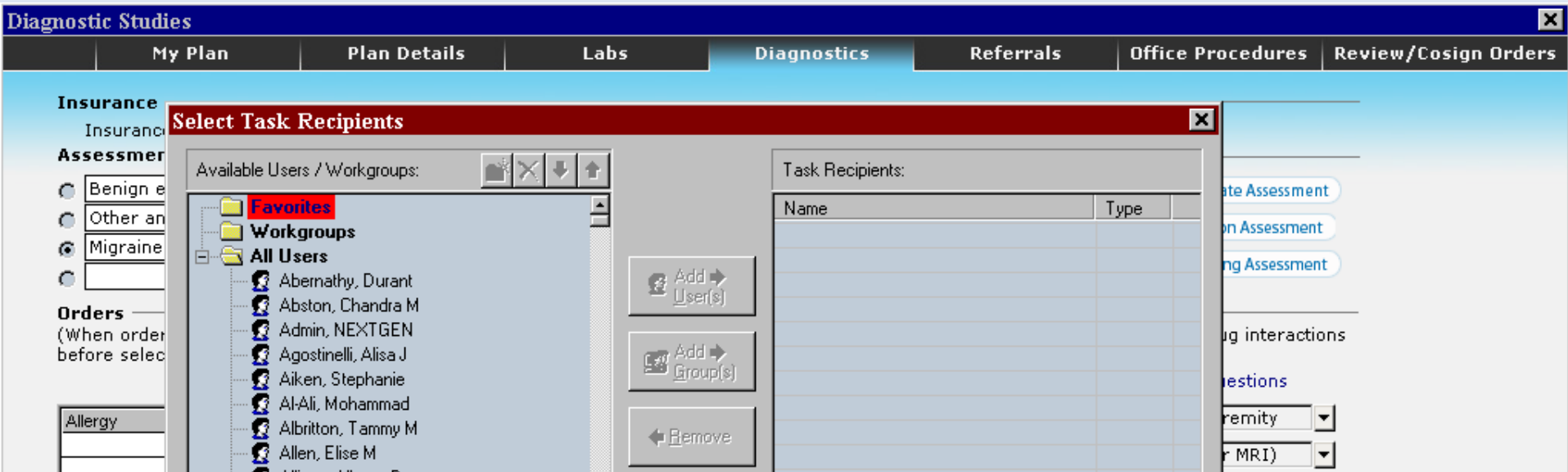
Other Diagnostic

Qty: Code:	Diagnostic study:	Side:	Site:	Modifier:	Position:	Orientation:	Schedule this:
1 70553	MRIs of brain, stem, w/o foll by w/ coi			<input type="checkbox"/> Read only 			Within 1 wk
ICD9:	Billing diagnosis:	Location:	Authorization required:				
346.90	Migraine Unsp		<input type="radio"/> Yes <input checked="" type="radio"/> No				
							 Place Order

Diagnostic studies ordered this visit

Status	Order	Authorization	Date Completed	Diagnosis	Code	Comments

Cancel



For the first diagnostic study ordered, a tasking popup will appear. If you're ordering a study that needs to be scheduled off-site, use this to task the staff member responsible for this. If you're ordering an on-site study, such as a plain X-ray, you'll probably just want to print the order, so you'd cancel out of this tasking popup.

In this example, we'd generate the task to the staff member to schedule the MRI, and the order would be complete.

My Plan

Plan Details

Labs

Diagnostics

Referrals

Office Procedures

Review/Consign Orders

Insurance

Insurance name: BCBS AL

Policy #: 0123456

Assessment

<input type="radio"/> Benign essential hypertension	401.1
<input type="radio"/> Other and unspecified hyperlipidemia	272.4
<input checked="" type="radio"/> Migraine Unsp	346.90
<input type="radio"/>	

<input type="radio"/>	
<input type="radio"/>	
<input type="radio"/>	
<input type="radio"/>	

[Add or Update Assessment](#)[Add Common Assessment](#)[Add Screening Assessment](#)

Orders

(When ordering studies requiring contrast, enter the proposed contrast medium into the medication module to check for potential drug interactions before selecting the order.)

Allergy

Medication

Imitrex 100 mg Tab
metoprolol succinate ER 100 mg
24 hr Tab

X-ray Upper Extremity

X-ray Lower Extremity

X-ray Body

CT Head/Spine

CT Body/Extremities

Nuclear Medicine

PET

Ultrasound OBGYN

Ultrasound Vascular

Ultrasound Body

MRI (vascular MRI)

MRI Head/Spine

Cardiology Studies

GI Studies

Other Diagnostic

Qty:	Code:	Diagnostic study:	Side:	Site:	<input type="checkbox"/> Read only i	Modifier:	Position:	Orientation:	Schedule this:
1									
ICD9:	Billing diagnosis:	Location:	Authorization required:						
346.90	Migraine Unsp		<input type="radio"/> Yes <input type="radio"/> No						

[Place Order](#)[Order Module Processing](#)[Expand](#)

Diagnostic studies ordered this visit

Status	Order	Authorization	Date Completed	Diagnosis	Code	Comments
ordered	MRIs of brain, stem, w/o foll by w/ contrast		/ /	Migraine Unsp	346.90	

Save and Close

Cancel

Order: Code:

Diagnosis:

Reason (for referral?):

Clinical information/
comments: 


Attachments/
description:

Authorization
Authorization req'd: ☐ No ☒ Yes
Authorization #: Effective: Expiration: Visits:
☐ Performed:

Consent
On: Reason/comment:
☐ Performed:

Scheduling
On: Reason/comment:
☐ Performed:

Timeframe: Appt: Hr: Min: ☐ AM ☐ PM Location:

Obtained/performed/placed
On: Reason/comment:
☐ Performed:
Reaction: 

Education/instructions
On: Instruction(s) provided:
☐ Performed:






 Why do some fields appear to be locked?


Side: Site: Position: Orientation:

Result/report
On: Reason/comment:
☐ Received:
On: Reason/comment:
☐ Completed:
Interpretation:

X-Ray Interpretation Quick Findings

Report details:

Billing codes
Order: **70553** Mod 1: Mod 2:
♦ Bill units: 1 ♦ Service date: #####
Admin/other 1: 
Admin/other 2: 
Venipuncture: 
 Task
 Submit to Superbill

Additional information
Ordering provider:
Performed: Reason/comment:
☒ Ordered: 
Performed: Reason/comment:
☐ Verbal/
standing order:
Performed: Reason/comment:
☐ Cosigned/
signed off:
Performed: Reason/comment:
☐ Canceled:
Performed: Reason/comment:

Another Task button appears here.

My Plan

Plan Details

Labs

Diagnostics

Referrals

Office Procedures

Review/Cosign Orders

Insurance

Insurance name: BCBS AL

Policy #: 0123456

Assessment

- ☐ Benign essential hypertension 401.1
- ☐ Other and unspecified hyperlipidemia 272.4

- ☐
- ☐

[Add or Update Assessment](#)[Add Common Assessment](#)

☐ Migraine Unsp 346.90 [Add Screening Assessment](#)

What if, instead, this were a chest X-ray that you were just sending to the radiology office down the hall, and you just wanted to print the requisition?
Click **Save and Close**.

Medication
Imitrex 100 mg Tab
metoprolol succinate ER 100 mg 24 hr Tab

- X-ray Body
- CT Head/Spine
- CT Body/Extremities

- Ultrasound OBGYN
- Ultrasound Vascular
- Ultrasound Body

- Cardiology Studies
- GI Studies
- Other Diagnostic

Qty: Code: Diagnostic study: Side: Site: ☐ Read only [i](#) Modifier: Position: Orientation: Schedule this:

1 ICD9: Billing diagnosis: Location:

346.90 Migraine Unsp

Authorization required:

☐ Yes ☐ No[Place Order](#)[Order Module Processing](#)[Expand](#)

Diagnostic studies ordered this visit

Status	Order	Authorization	Date Completed	Diagnosis	Code	Comments
ordered	MRIs of brain, stem, w/o foll by w/ contrast		/ /	Migraine Unsp	346.90	

[Save and Close](#)[Cancel](#)

Alert

NEXTGEN

Intake

Histories

Summary

SOAP

Finalize OV

Checkout

Protocols

Dictation

Intake Comments

Advance Directives

Sticky Note

Insurance:

Default comments:

Reason for visit

HPI Detail

Today's HPIs

All HPIs

chronic conditions

F/U

F/U

Comments: (Select radio button above to add comments to this visit)

Review of systems

ROS Defaults:

All others negative

Update

System	Neg/Pos	Findings

Vital Signs

Add

Date	Time	Temp F	Temp C	BP	Pulse	Rhythm	Respirat

Physical exam

Physical Exam

Add'l:

Office Diagnostics

Procedures

Comments:

Assessment

Assessment:

Status:

Update

1

Benign essential hypertension

Diff. DX

2

Other and unspecified hyperlipidemia

Diff. DX

3

Migraine Unsp

Diff. DX

4

Diff. DX

5

Diff. DX

6

Diff. DX

7

Diff. DX

8

Diff. DX

My List

Sort DX

Comments:

Plan

My Plan/Orders

Meds

Order Management

Comments:

Documents

Chart Note

Patient Plan

Document Library

CC Providers

Go to the Checkout tab.

Ready

NGProd USA Health Services Foundation rlduffy CAP NUM SCRL 11/28/2010

Alert

Intake

Histories

Summary

SOAP

Finalize OY

Checkout

Protocols

Here you can print requisitions for most anything you've ordered during the visit.

Referral

Order

Referral: Endocrinology.

Reason

Hhype

Diagnostics

Status	Timeframe	Order
ordered	within 1 wk	MRIs of brain, stem, w/o foll by w/ contrast

Requisition

Patient Education

Patient Education

Status	Patient Education
--------	-------------------

Medications

Sig Desc	Medication
----------	------------

Procedures

Status	Timeframe	Procedures
--------	-----------	------------

Office Services

Status	Timeframe	Order	Ordered By	Timeframe	Follow up	Reason	Appt Date	Appt Time
--------	-----------	-------	------------	-----------	-----------	--------	-----------	-----------

Select the order by clicking on it, then click the **Requisition** button.

Given to patient/verified

Yes Refused

- ☐ Lab orders:
- ☐ Diagnostic tests:(1)
- ☐ Medication(s):
- ☐ Office Services ordered:
- ☐ Transportation arranged:

Comments:

Time called: Type:

Company/name:

Exp. date:

Yes Refused

- ☐ Referrals:(1)
- ☐ Educational materials:
- ☐ Follow up(s) scheduled:
- ☐ Procedure:
- ☐ Patient Plan:

Comments:

Patient Plan

Checked out by: Robert L. Duffy

Code Submitted:



Tracking



Tasking

Checkout

Next

Previous

! Lab/Radiology Order Processing

NGProd	USA Health Services Foundation	rlduffy		CAP	NUM	SCRL	11/28/2010
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Navigation



Intake
History
Summary
SOAP
Finalize OV
Checkout
Protocols

Record Vital Signs
Order Management
Allergies
Immunizations
Past Medical Hx
Family History
Social History
Birth Hx
Tobacco Cessation
Problem List
Disease Mgmt
Procedures
Tuberculin Skin Test
Document Library

Nutrition
Anticoagulation

Preview

Offline

Intake Histories Summary SOAP Finalize OV **Checkout** Protocols

Referrals

Timeframe	Order	Referral

Status	Timeframe	Order	Referral
ordered			

Requisition

Patient Education

Status	Timeframe	Order	Patient Education

Procedures

Status	Timeframe	Procedures

Follow up

Timeframe	Follow up	Reason	Appt Date	Appt Time

Comments:

Ordered:

Changed:

Company/name:

Exp. date:

Yes Refused

- | | | |
|--------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Referrals:(1) |
| <input type="checkbox"/> | <input type="checkbox"/> | Educational materials: |
| <input type="checkbox"/> | <input type="checkbox"/> | Follow up(s) scheduled: |
| <input type="checkbox"/> | <input type="checkbox"/> | Procedure: |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient Plan: |

Comments:

Checked out by: Robert L. Duffy

Code Submitted:



Checkout

Next

You also have options to generate tasks, if you missed the chance to do it before.

Compose your message, then click **OK**.

Using the next 2 popups, attach the **Checkout** template.

USAto Do

Message

Date Due: 11/28/2010 Priority: Normal

Subject: MRI Category:

Message: Please see MRI order.

OK Cancel

Attach

Attach Patient's Document

OK Cancel

☐ No Attachment

☐ This Template

☒ Template

☐ Document

☐ Image

☐ ICS Image

Templates

OK Cancel

11/17/2010 08:14 AM

- E&M History
- Checkout**
- Intake - OV
- SOAP - OV
- Summary - OV

11/16/2010 11:51 AM

After that, select your recipient as usual, and you're done.

This concludes the NextGen
Referrals and Diagnostic Studies
demonstration.

If you try to fail, and succeed, which have you done?