

Attaching documents to multiple exams

When one order has multiple requests, follow the next steps to attach a copy of the order to an Appt No; each scan/appointment has it's own appointment number.

1. While in the *repository*, highlight the order you want to copy; the order will appear on your screen.
2. Click on "Print"
3. Click on "Print" again on the *Printing/Faxing Style* screen
4. Click "OK" on the *Print Setup* screen; make sure the printer name is "Nuance PDF"
5. Save in the General Fax under year and month; Change file name. Once saved, you will be back in the Repository.
6. Click on "Import"
7. Highlight "Order/Script" and click on Select
8. Double click on the order you just saved and click on "Save" on the *Confirm Save* pop-up screen

At this point, you want to have one copy per appointment number. You can change the appointment number by:

1. Highlight the order you to make a change on, and right click
2. Scroll down and click on "Change Document Settings"
3. Click on "Change Appt No"
4. Highlight the "Appt Reason" and click on "Select"
5. Click "OK" on *Change Document Settings* screen

You should now have one *Order/Script* for each *Appt No*

Documents on File

Exit | Date | Order

Link | Create Normal

[All]

Appointment Filter

[All]

Sort By	Svc Date	Type/Date	Create Date
06/18/18	5038999	Order / Script	N
06/18/18	5038999	Appointment Prep	N
06/18/18	5038999	Order / Script	N
03/14/18	5033416	Appointment Prep	N
03/14/18	5033414	Appointment Prep	N
03/14/18	5033412	Appointment Prep	N
03/14/18	5033411	Appointment Prep	N
03/14/18	5033408	Appointment Prep	N
03/13/18	5033406	Appointment Prep	N
03/12/18	5033405	Appointment Prep	N
03/12/18	5033404	Appointment Prep	N
03/09/18	5033403	Appointment Prep	N

BLOCK M TEST
ACCOUNT: 306005131
DOB: 01/01/1999 AGE: 19 yrs. SEX: U
Home Phone: Daytime Phone: 877/393-1933 Cell Phone: —

NO INSURANCE

THIS PATIENT HAS 2 APPTS TODAY

Document Repository

Order / Script | 06/18/2018 \ Order / Script | 306005131_032718_15

Created 03/27/2018 15:56:17.370 | Changed 03/27/2018 15:56:17 | Active Only

File Edit View Document Comments Tools Window Help

Valley Radiology **TEST**
 CONSULTANTS

www.ValleyRad.com

Patient Scheduling: Call for Appointment
 Phone: (877) 393-1933 EFax: (760) 658-2020
 Tax ID: 95-2704875

Patient Name: Block M. Test Date: 03/27/2018

Patient Date of Birth: 01/01/1999 Referring Physician: B. Cohen, MD

Phone: (760) 555-3311 Referring Physician Signature: _____

Patient Email: _____ Phone: _____ Fax: _____

Insurance: Cigna / ARCH Practice Location: _____

Insurance ID: V1759362-01

Insurance Authorization #: 816000

Reason for Exam/Clinical Indications: *REQUIRED

STAT (Referring office to obtain Authorization if required)

Women's Imaging Procedures

Screening Mammography (w/follow up diag mammogram and US if needed)

Diagnostic Mammogram (w/ultrasound if indicated) R L

Breast MRI Breast Ultrasound

Osteoporosis Detection DEXA QCT Bone Density

MRI MRA *Consult Notes Needed

Without IV Contrast

Without and With IV Contrast (Creatinine GFR Date)

Arthrogram

Body Part: Knee, Hip

R L Bilat