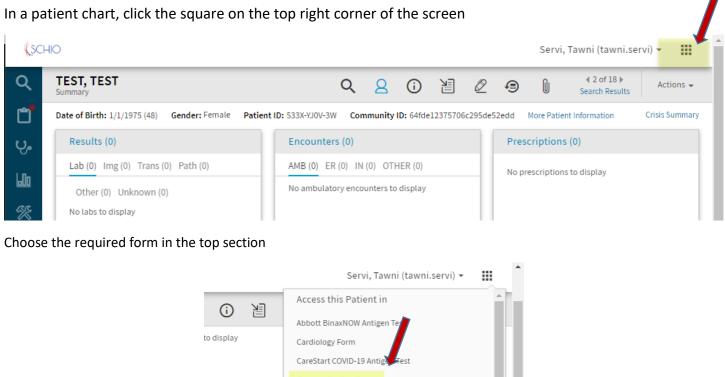


CREATING HIE FORMS – Referral, Communication and Order



Access this Patient in Abbott BinaxNOW Antigen Ter isplay Cardiology Form CareStart COVID-19 Antight Fest Communication Form CURES DHMSO Authorization Documentation Diabetic Eye Note Referral Support Form TWC UniteUs Watsonville Hospital Surgery Order My Apps CCAH Activate Care

Sample Communication Form

Last Name TEST PATIENT	First Name TEST	Date of Birth 1975/10/23	Gender Male	
Address 3700 CRACKLE OAK AVE BUILDING 8 UNIT 5 * ORDERING PHYSICIAN:	City, State, Zip WINTER SPRINGS, FL, 32708	Phone 4077447700	Alternate Phone	
Copy to Provider:	vrovider's last pame			
Communication Form	a o man o mar i nino.			
				li

Sample Referral Form

Last Name	First Name		Date of Birth			Gender	
TEST PATIENT	TEST		1975/10/23			Male	
Address 3700 CRACKLE OAK AVE BUILDING 8 UNIT 5	City, State, 9 WINTER S		Phone 4077447700			Alternate Phone	
* Primary Insurance Company	* Policy N	umber	* Group Number			* Subscriber Name	
Verify or enter insurance company name	Verify or enter insurance policy #		Verify or enter insurance group #		up #	Verify or enter subscriber name	
* Referred FROM Provider:	Referred FROM Provider:		* Referred TO Provider:		Primary Care Provider:		
	~			-			
		Required: enter at least the f provider's last name.	irst two characters of th	ie	Enter at least name.	the first two characters of the provider's last	
Initial Request Date	Number of	√isits	* Urgency			* Authorization Required?	
6/26/2020 🗷			Please select:		~	O Yes	
						O No	
* Diagnosis		Additional Diagnosis			Additional E	Jiagnosis	
Required: enter at least the first two charac code or description.	ters of the ICD10			•		`	
Additional Diagnosis		Additional Diagnosis		Additional Diagnosis			
	•			•		-	
Relevant clinical data in the SCHI							
 I am sending supporting document I am faxing supporting documents 		viessaging.					
I ann faxing supporting documents	».						
* Reason for Referral/Notes							
Reason for Referral/Notes							
Reason for Referral/Notes							
Reason for Referral/Motes							
Keason Tor Keterral/Notes						li	