

HOW TO

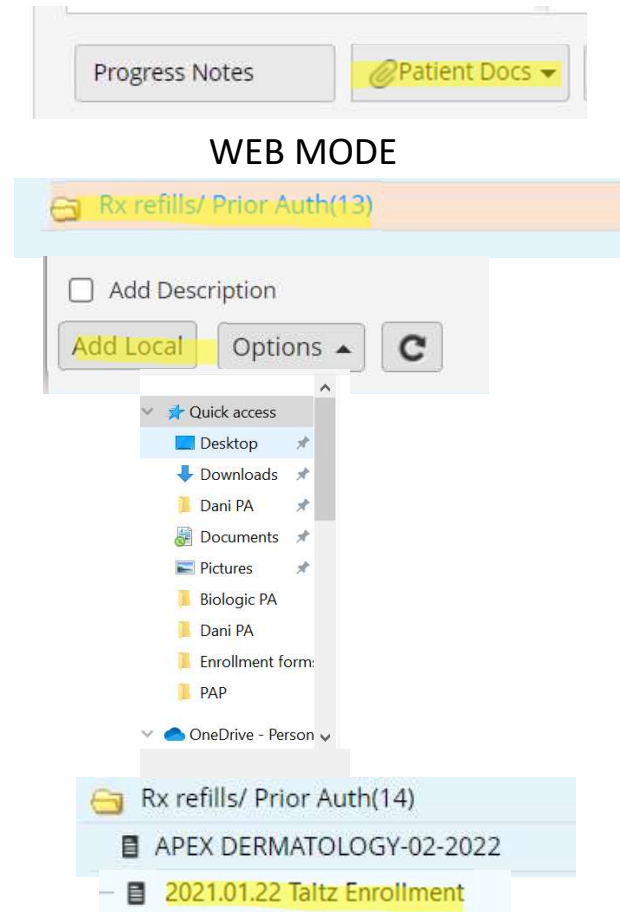
Fax and Ink edit within eCW

03/2022

How to **add** document to patient chart

Add Local Document

- Scan document to yourself
 - Save as pdf to desktop
- Select patient chart
- Go to patient docs from Hub
 - **Web Mode**
- Select title of section you would like document added (Rx refills/PA)
- Select ADD LOCAL on bottom left of screen
 - Double click document you want in chart from files
- Rename document appropriately
 - Right click document and mark update



Faxing

What can be faxed

- Referrals
- Chart notes
 - Labs
- Enrollment forms
- Insurance information
- Medical records

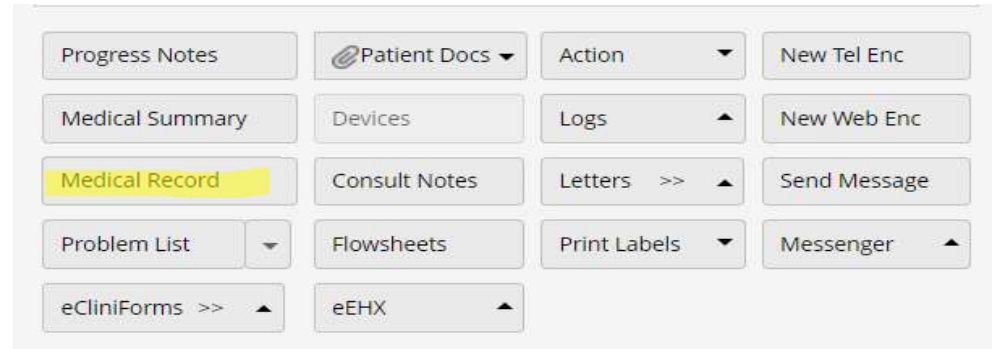
*Multiple docs at the same time

How does this help

- No printing /decrease scanning
- Monitor fax access logs within patient chart

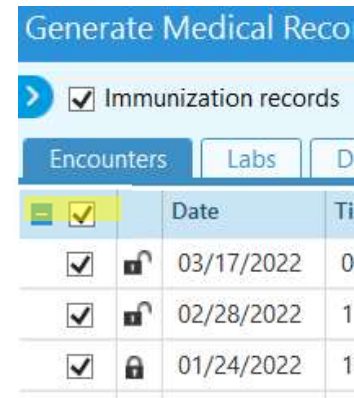
Medical Record faxing

1. From the patient hub- select medical record



2. Once Medical record selected

- Unselect all documents and tabs
- Select specific items needed for fax



Medical Record faxing

3. Once items are selected you want to fax, click **Generate Medical Record** on the bottom right of the screen

4. Hover over the arrow pointing up and select **send fax**

5. Select where fax is being sent

- type in name or use drop down box and select providers/pharmacies

- place a **1** in front of fax number in the first box IF adding fax number by hand

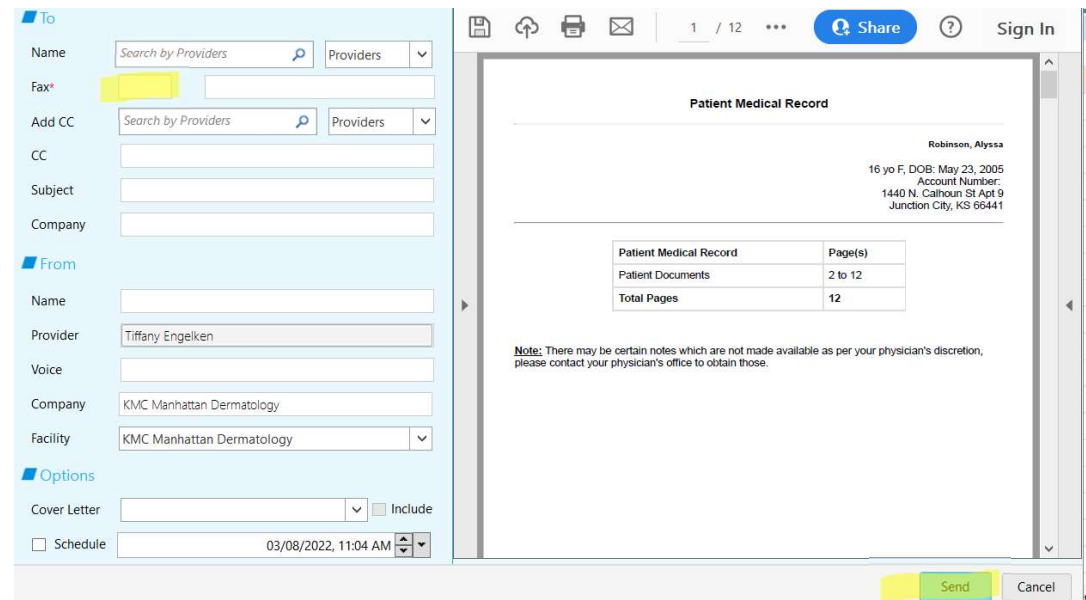
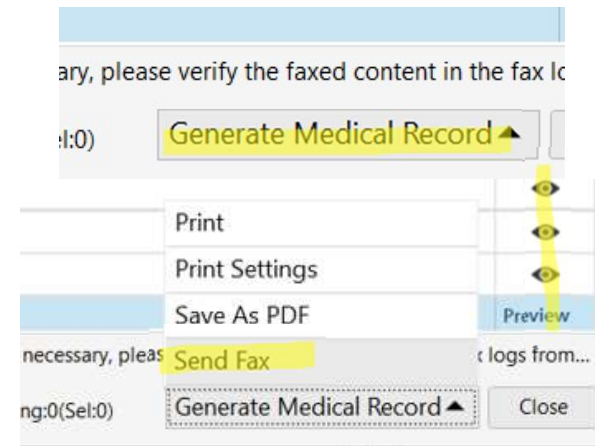
-add subject accordingly

(for PAs, add case ID here)

-update from section (auto populates from designated assigned location)

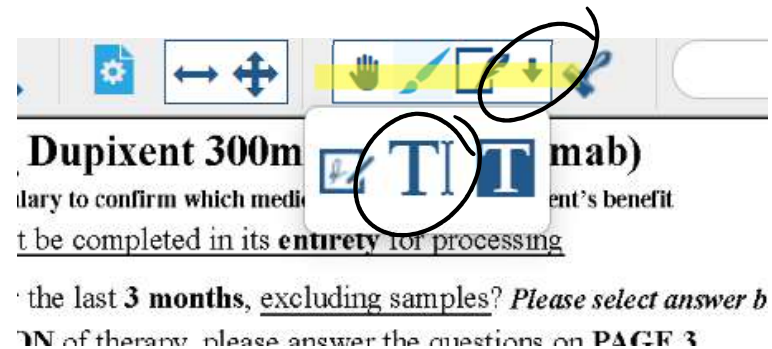
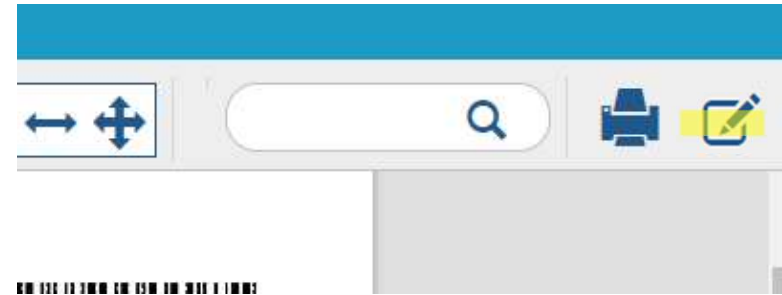
- preview fax to determine correct pages are included

6. **Send = fax**



Ink edit

1. Open D bean-Web Mode
2. Top right corner, click on the square with a pencil
 - a box with 3 selections will pop up in the top middle bar of the D bean
 - use the drop down arrow for the Text box option



Text box –ink edit

1. You can place a text box anywhere on the document
2. Free text information needed

SIGNATURE

- Select the square with the feather, then click on document where signature is needed
- Use the pen pad, finger or stylist to sign

TO BE COMPLETED BY THE PATIENT See checkli

1 Patient Information

insert text here

Name: _____ Phone: _____

Social Security #: _____ Date: _____



Dupixent 300m (mab)
inary to confirm which medi
ent's benefit
t be completed in its **entirety** for processing
the last **3 months**, excluding samples? *Please select answer b*
ON of therapy, please answer the questions on **PAGE 3**

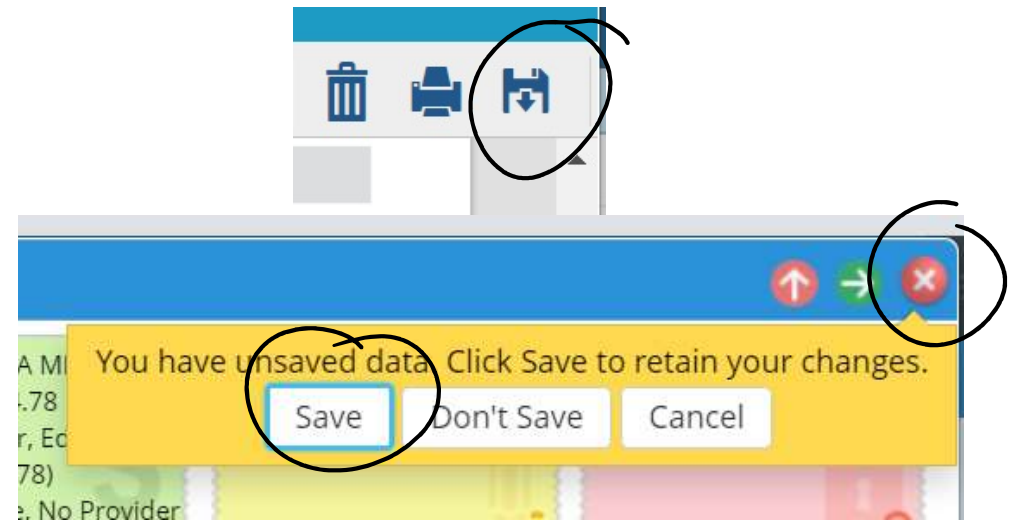
Collaborating |
Provider Trans
HCP Distributi
Site Name: _____
Business Hour
Address (Street
Please note, Fl
3 HCP
My signature
and the terms
HCP SIGN

Sign Here

Cancel Clear Add Signature

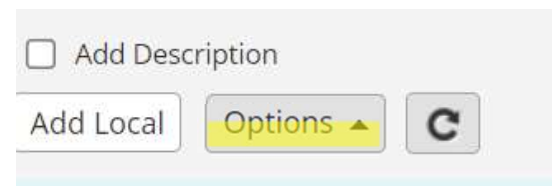
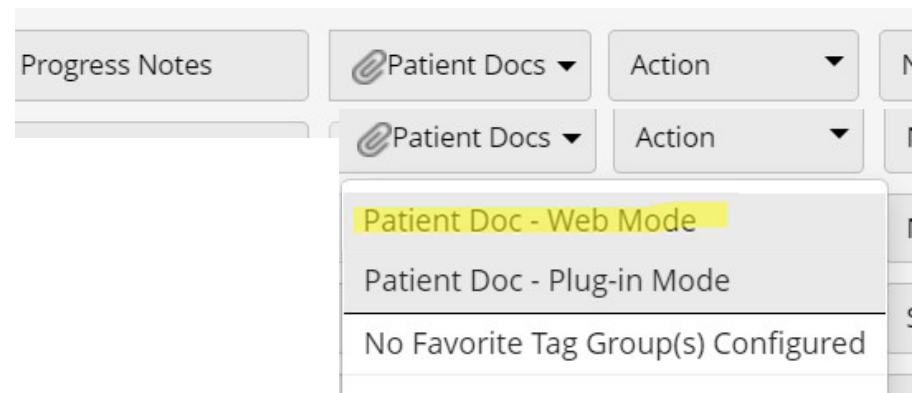
Saving ink edit

1. You can click the save button on the top right of the document
2. You can exit the D bean and save
3. You can mark **okay** on D bean section



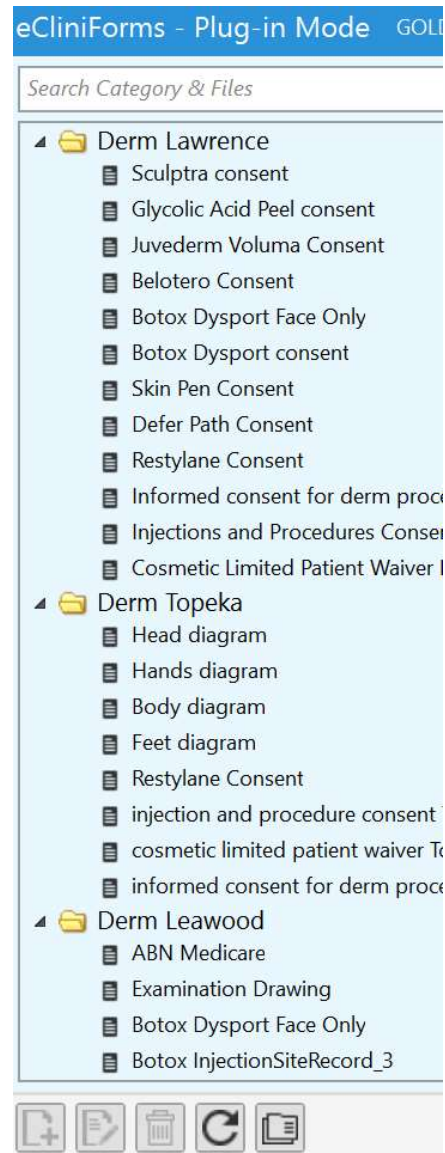
How to ink edit consent forms

- While in patient chart/HUB
 - Select patient documents
 - WEB MODE
 - Bottom left corner, select options with the arrow pointing up
 - Select Ecliniforms



This is what pops up when you select Ecliniforms

Select your clinic specific form



Select the consent form you need and it will pop up on the right side to edit

- ▲ 📁 Derm Manhattan
 - 📄 Cosmetic Limited Patient Waiver-Manhattan
 - 📄 Botox InjectionSiteRecord
 - 📄 Cosmetic Price Sheet
 - 📄 Juvederm Voluma Consent
 - 📄 Sculptra consent
 - 📄 Botox Dysport Face Only
 - 📄 Defer Path Consent
 - 📄 V Beam Consent
 - 📄 Glycolic Acid Peel consent
 - 📄 Informed consent for procedures Manhattan
 - 📄 Injections and Procedures Consent form Manhatta
- ▲ 📁 Derm Legends

INFORMED CONSENT FOR DERMATOLOGIC PROCEDURES

My signature on this form authorizes Dr. Majdy Albahhar or Tiffany Engelken, APRN or a designated associate to perform the following surgical procedures:

I understand that tissue sent to pathology may require additional testing beyond routine studies, which may include a pathology consultation from an outside lab.

I have been informed and I understand the potential risks inherent to the performance of any surgical procedure, such as blood loss, infection, reaction to anesthesia, reaction to antibiotic ointments and/or adhesive bandages, permanent numbness or loss of sensation, and localized paralysis. I understand that after the performance of any surgical procedure that I would be left with a scar that could potentially be raised, depressed, itchy, or painful. I also understand that I may find this scar to be cosmetically unacceptable, but that is one of the risks to the performance of this procedure. I also realize that I could be left with permanent lightening or darkening of the skin at the procedure site. Finally, I understand that these or other natural unforeseen complications may result from the surgical procedure.

Surgery patients only:

I have reviewed with the provider regarding the surgery site that is to be removed today and we both agree with the same site.

I am also confirming with my signature the following:

1. I (am/am not) pregnant.
2. I (do/do not) require antibiotics before surgical or dental procedures.
3. I (am/am not) taking aspirin, Coumadin, Plavix, Vitamin E, or any other blood thinners.
4. I (am/am not) allergic to numbing medication such as lidocaine or epinephrine.
5. I (am/am not) allergic to Polysporin or Neosporin (triple antibiotic ointment).
6. I (do/do not) have a pacemaker or defibrillator.
7. I (am/am not) HIV or AIDs positive.
8. I (am/am not) positive for any type of Hepatitis.
9. I (am/am not) allergic to Iodine.

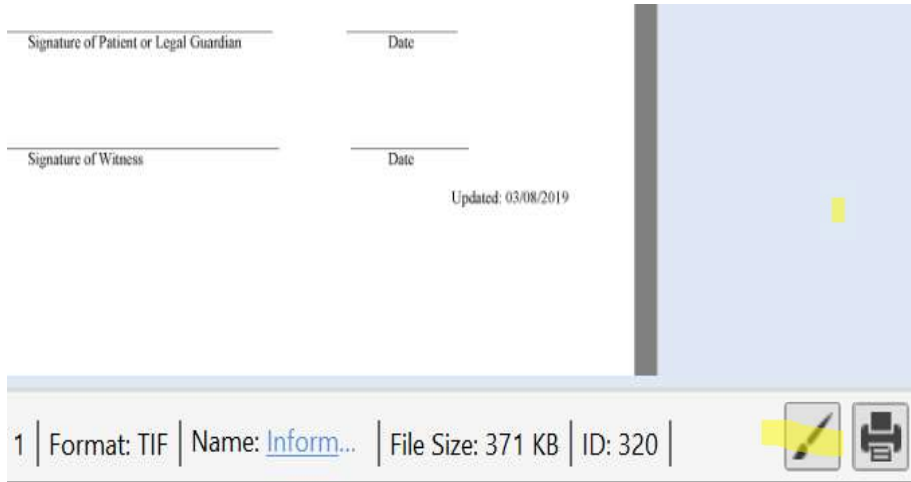
Signature of Patient or Legal Guardian

Date

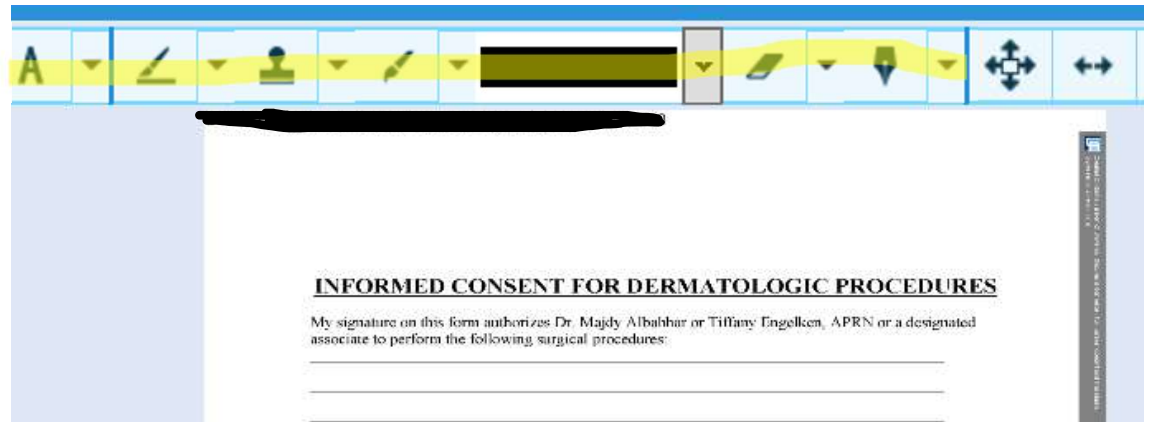
Signature of Witness

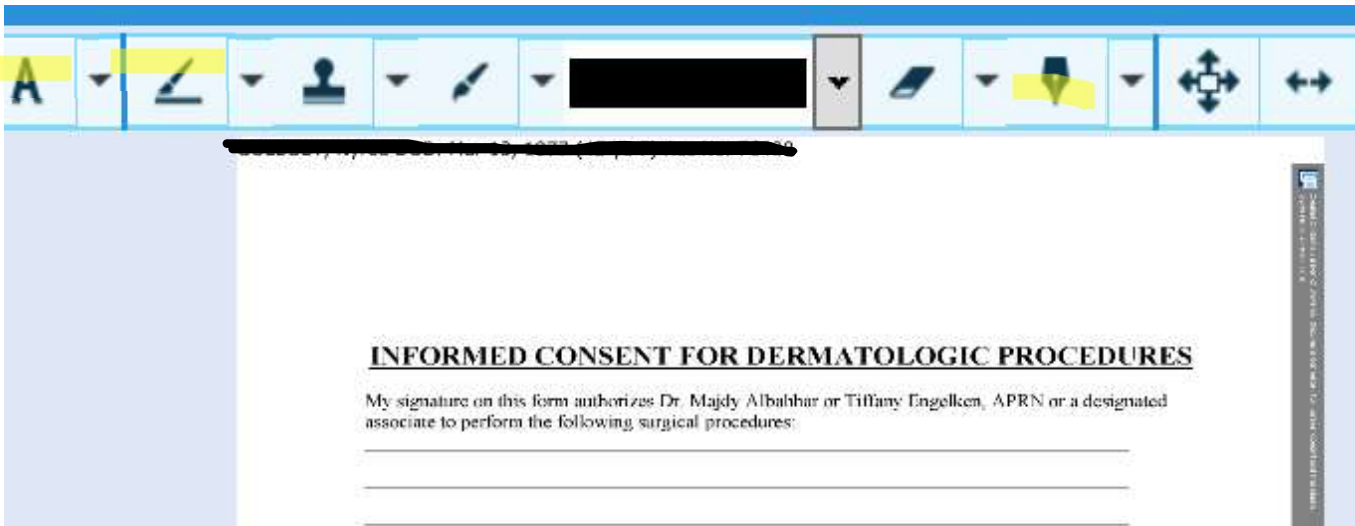
Date

On the bottom right corner of the consent page is a paint brush button
-SELECT PAINTBRUSH TO EDIT



When edit button is selected, the top tool bar will appear





A will be your text Box

Pen to Paper will be your free hand marking tool

Pointed Pen will be your signature pad

INFORMED CONSENT FOR DERMATOLOGIC PROCEDURES

My signature on this form authorizes Dr. Majdy Alhabbar or Tiffany Fingelken, APRN or a designated associate to perform the following surgical procedures:

Biopsy of R Lateral Shoulder

I understand that tissue sent to pathology may require additional testing beyond routine studies, which may include a pathology consultation from an outside lab.

I have been informed and I understand the potential risks inherent to the performance of any surgical procedure, such as blood loss, infection, reaction to anesthesia, reaction to antibiotic ointments and/or adhesive bandages, permanent numbness or loss of sensation, and localized paralysis. I understand that after the performance of any surgical procedure that I would be left with a scar that could potentially be raised, depressed, itchy, or painful. I also understand that I may find this scar to be cosmetically unacceptable, but that is one of the risks to the performance of this procedure. I also realize that I could be left with permanent lightening or darkening of the skin at the procedure site. Finally, I understand that these or other natural unforeseen complications may result from the surgical procedure.

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3. I (am/am not) taking aspirin, Coumadin, Plavix, Vitamin E, or any other blood thinners.
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6. I (do/do not) have a pacemaker or defibrillator.
7. I (am/am not) HIV or AIDS positive.
8. I (am/am not) positive for any type of Hepatitis.
9. I (am/am not) allergic to Iodine.

6/11/2022 1:39 PM (CDT)

Signature of Patient or Legal Guardian

06/10/2022

Date

Dak

6/11/2022 1:39 PM (CDT)

Signature of Witness

06/10/2022

Date

DMJ

6/11/2022 1:38 PM (CDT)
Updated: 06/10/2022

DOB: Mar 13, 1977 (45 yo F) Acc No. 76480

Use **A** for text box typing for your locations

Use **Pen to Paper** for mark up questions

Use **Pointed Pen** for signature - this will date and time stamp automatically under the signature

Once you mark up, select the **floppy disk** picture below to save

