

#### **REGISTRATION CLERKS**

This tip sheet provides the steps to verify information in the day surgery/pre-admit encounter

1. To open the scheduled day of surgery encounter, use the **PreReg** (for day surgery) or **PreAdmit** (for inpatient) conversation in Access Management Office.



2. Search for the Patient using the health card number if available, or First and Last name/DOB if health card is not available.

| 🔍 Person Search                                                             |    |        |         |            | ×             |
|-----------------------------------------------------------------------------|----|--------|---------|------------|---------------|
|                                                                             |    |        |         |            |               |
| Analh Card Number                                                           |    |        |         |            |               |
| Metorical MRN:<br>Historical MRN:<br>Beth Date (DD-MMM 17177).<br>Hyserpane |    |        |         |            |               |
| Sec                                                                         |    |        |         |            |               |
| Decessed?:                                                                  | OK | Cancel | Preview | Add Person | Add Encounter |

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3. In the top pane, select the correct patient, in the bottom pane select the scheduled day of surgery encounter and click **OK**.

| and the Original Management                                                          | ^ | MON                                                       |                                                                             | Literation I MI                                                                   | DNI Datiant                                                                            | News                                                                                               | Haalik Cand Number                                                                                                           | NC   | P.=                                                      | Diale Date                          |                                                                                                                         | A = -                             | Decessed 2                                                                                             |                                                               |                     |
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| lealth Card Number:                                                                  |   | MININ                                                     |                                                                             | Historical Mi                                                                     | nin Faueri                                                                             | Name                                                                                               | Health Card Number                                                                                                           | vc   | Sex                                                      | birth Date                          |                                                                                                                         | Age                               | Deceased                                                                                               |                                                               |                     |
|                                                                                      |   | 8800002                                                   | 5; 11000173                                                                 |                                                                                   | ZZTES                                                                                  | I, IAYLOR                                                                                          | 9999-999-999                                                                                                                 |      | Female                                                   | 16/Sep/19                           | 181                                                                                                                     | 43 Years                          | No                                                                                                     |                                                               |                     |
| ast Name:                                                                            |   | 1100267                                                   | 8                                                                           |                                                                                   | ZZTES                                                                                  | I, TAYLOR EASTON                                                                                   | 8/8/-98/-454                                                                                                                 |      | Female                                                   | 15/Jan/19                           | 80                                                                                                                      | 44 Years                          | No                                                                                                     |                                                               |                     |
| ztest                                                                                | 1 | 1100168                                                   | 4                                                                           |                                                                                   | ZZTES                                                                                  | THANSON, TAYLOR                                                                                    |                                                                                                                              |      | Male                                                     | 01/Jan/19                           | 80                                                                                                                      | 44 Years                          | No                                                                                                     |                                                               |                     |
| 2.001                                                                                | - | 1100165                                                   | 9                                                                           |                                                                                   | ZZTES                                                                                  | I, TAYLORSWIFT                                                                                     |                                                                                                                              |      | Female                                                   | 01/Jan/19                           | 90                                                                                                                      | 34 Years                          | No                                                                                                     |                                                               |                     |
| irst Name:                                                                           | _ | 1100142                                                   | 5                                                                           |                                                                                   | ZZTES                                                                                  | T, TAYLOR NEW                                                                                      | 6652-235-871                                                                                                                 |      | Female                                                   | 01/Jan/19                           | 60                                                                                                                      | 64 Years                          |                                                                                                        |                                                               |                     |
| aylor                                                                                |   | 1100124                                                   | 2                                                                           |                                                                                   | ZZTES                                                                                  | T, TAYLOR PREG                                                                                     | 6655-443-322                                                                                                                 | _    | Female                                                   | 16/Sep/19                           | 181                                                                                                                     | 43 Years                          | No                                                                                                     |                                                               |                     |
| IBN:                                                                                 | - | 1100000                                                   | 0                                                                           |                                                                                   | 7711-6                                                                                 |                                                                                                    | 2222 222 200                                                                                                                 | 10   | N- KI-LU-                                                | 101/ 20/00                          | A9                                                                                                                      |                                   | N-                                                                                                     |                                                               |                     |
| in any.                                                                              | 1 | 1100033                                                   | 0                                                                           |                                                                                   | ZZTES                                                                                  | I, TAYLOR LEE                                                                                      |                                                                                                                              |      | Female                                                   | 16/Sep/19                           | 81                                                                                                                      | 43 Years                          | No                                                                                                     |                                                               |                     |
| storical MRN:                                                                        |   |                                                           |                                                                             |                                                                                   |                                                                                        |                                                                                                    |                                                                                                                              |      |                                                          |                                     |                                                                                                                         |                                   |                                                                                                        |                                                               |                     |
| istorical MRN:                                                                       |   | Facility                                                  | MRN                                                                         | FIN                                                                               | Visit Id                                                                               | Patient Tupe                                                                                       | Reg Date (DD-MMM-Y                                                                                                           | m    | Expected Da                                              | te of Δrrival                       | Disch Date (DD-M                                                                                                        | MM-yyyy)                          | Medical Service                                                                                        | Location                                                      | Roor                |
| istorical MRN:                                                                       |   | Facility<br>SCS                                           | MRN<br>11000330                                                             | FIN<br>22-006841                                                                  | Visit Id<br>22-008090                                                                  | Patient Tupe<br>PreReg                                                                             | Reg Date (DD-MMM-Y                                                                                                           | m    | Expected Da<br>2024-Dec-0                                | te of Arrival<br>7 12:00            | Disch Date (DD-M                                                                                                        | MM-YYYY)                          | Medical Service<br>General Surgery                                                                     | Location<br>SC DS                                             | Roor                |
| istorical MRN:<br>rth Date (DD-MMM-YYYY):                                            |   | Eacility<br>SCS                                           | MRN<br>11000330                                                             | FIN<br>22-006841<br>22-000769                                                     | Visit Id<br>22-008090<br>22-002334                                                     | Patient Type<br>PreReg<br>inpatient                                                                | Reg Date (DD-MMM-Y)                                                                                                          |      | Expected Da<br>2024-Dec-0<br>2024-INOV-20                | te of Arrival<br>7 12:00            | Disch Date (DD-M                                                                                                        | мм.,үүүүү                         | Medical Service<br>General Surgery<br>Obstetrics                                                       | Location<br>SC DS<br>SC ED                                    | Roor                |
| istorical MRN:<br>inth Date (DD-MMM-YYYY):                                           |   | Eacility<br>SCS<br>SCS<br>SCS                             | MRN<br>11000330<br>11000330<br>11000330                                     | EIN<br>22-006841<br>22-000789<br>22-001007                                        | Visit Id<br>22-008090<br>22-002334<br>22-002724                                        | Patient Type<br>PreReg<br>Impauent<br>Outpatient                                                   | Reg Date (DD-MMM-Y)<br>2024-N07-20 10.44<br>2024-Sep-27 12:54                                                                |      | Expected Da<br>2024-Dec-0<br>2024-INOV-20                | ete of Arrival<br>7 12:00           | Disch Date (DD-M<br>2024-N0v-20 17.0<br>2024-Sep-27 12:5                                                                | MM-22222                          | Medical Service<br>General Surgery<br>Obsteurics<br>Ambulatory                                         | SC DS<br>SC ED<br>SC RAD                                      | Boor                |
| istorical MRN:<br>inth Date (DD-MMM-YYYY):<br>*/**/**** •                            |   | Eacility<br>SCS<br>SCS<br>SCS<br>SCS<br>SCS               | MRN<br>11000330<br>11000330<br>11000330<br>11000330                         | EIN<br>22-006841<br>22-000789<br>22-001007<br>22-000558                           | Visit Id<br>22-008090<br>22-002304<br>22-002724<br>22-002021                           | Patient Type<br>PreReg<br>Inpauent<br>Outpatient<br>Outpatient in a Bed                            | Reg Date (DD-MMM-Y)<br>2024-Nov-20 10.44<br>2024-Sep-27 12:54<br>2024-Mar-22 14:17                                           |      | Expected Da<br>2024-Dec-0<br>2024-INOV-20                | te of Δrrival<br>7 12:00<br>9 19:00 | Disch Date (DD-M<br>2024-Nov-20 17.0<br>2024-Sep-27 12:5<br>2024-Apr-22 12:15                                           | MM-222220<br>5<br>8<br>5          | Medical Service<br>General Surgery<br>Obstetrics<br>Ambulatory<br>Obstetrics                           | SC DS<br>SC ED<br>SC RAD<br>SC 4DB                            | Boor<br>IRW<br>SC4E |
| istorical MRN:<br>inth Date (DD-MMM-YYYY):<br>property (*)<br>ex:<br>V               |   | Eacility<br>SCS<br>SCS<br>SCS<br>SCS<br>SCS<br>SCS        | MEN<br>11000330<br>11000330<br>11000330<br>11000330                         | EIN<br>22-006841<br>22-000769<br>22-001007<br>22-000558<br>22-000602              | Visit Id<br>22-008090<br>22-002354<br>22-002724<br>22-002021<br>22-000590              | Patient Type<br>PreReg<br>Inpauent<br>Outpatient<br>Outpatient in a Bed<br>Outpatient              | Reg Date (DD-MMM-Y)<br>2024-N0V-20 10-44<br>2024-Sep-27 12:54<br>2024-Mar-22 14:17<br>2024-Jan-10 11:37                      | YYYY | Expected Da<br>2024-Dec-0<br>2024-INOV-20<br>2023-Nov-10 | o 12:23                             | Disch Date (DD-M<br>2024-Nov-20 17.0<br>2024-Sep-27 12:5<br>2024-Apr-22 12:15<br>2024-Apr-08 10:01                      | MM-2000<br>5<br>8<br>5            | Medical Service<br>General Surgery<br>Obstetrics<br>Ambulatory<br>Obstetrics<br>Ambulatory             | SC DS<br>SC ED<br>SC RAD<br>SC 4DB<br>SC CT                   | Boor<br>IRW<br>SC4I |
| istorical MRN:<br>rth Date (DD-MMM-YYYY):<br>ex:<br>N:                               |   | Eacility<br>SCS<br>SCS<br>SCS<br>SCS<br>SCS<br>SCS<br>SCS | MEN<br>11000330<br>11000330<br>11000330<br>11000330<br>11000330<br>11000330 | EIN<br>22-006841<br>22-000785<br>22-001007<br>22-000558<br>22-000602<br>22-000553 | Vieit Id<br>22-008090<br>22-002304<br>22-002724<br>22-002021<br>22-000590<br>22-000542 | Patient Type<br>Preed<br>Inpauent<br>Outpatient<br>Outpatient in a Bed<br>Outpatient<br>Emergency  | Rep Date (DD-MMM-Y)<br>2024-Sep-27 12:54<br>2024-Mar-22 14:17<br>2024-Mar-21 10 11:37<br>2024-Jan-10 11:37                   | YYYY | Expected Da<br>2024-Dec-0<br>2024-INOV-20<br>2023-Nov-10 | te of Arrival<br>7 12:00<br>5 19:00 | Direch Date (DD-M<br>2024-Noi-20 17:0<br>2024-Sep-27 12:5<br>2024-Apr-22 12:15<br>2024-Apr-08 10:01<br>2023-Noi-06 15:4 | MM-22222<br>3<br>8<br>5<br>1<br>7 | Medical Service<br>General Surgery<br>Obstearcs<br>Ambulatory<br>Obstetrics<br>Ambulatory<br>Emergency | SC DS<br>SC DS<br>SC RAD<br>SC 4DB<br>SC CT<br>SC ED          | Boor<br>SC4E<br>WR  |
| istorical MRN:<br>inth Date (DD-MMM-YYYY):<br>ex:<br>N:                              |   | Eacility<br>SCS<br>SCS<br>SCS<br>SCS<br>SCS<br>SCS<br>SCS | MEN<br>11000330<br>11000330<br>11000330<br>11000330<br>11000330             | EIN<br>22-006941<br>22-001007<br>22-001007<br>22-000558<br>22-000602<br>22-000553 | Vieit Id<br>22-008090<br>22-002304<br>22-002724<br>22-002021<br>22-000590<br>22-000542 | Patient Tune<br>PreReg<br>impauent<br>Outpatient<br>Outpatient in a Bed<br>Outpatient<br>Emergency | Rep Date (DD-MMM-Y)<br>2024-Sep-27 12-54<br>2024-Sep-27 12-54<br>2024-Mar-22 14:17<br>2024-Jan-10 11:37<br>2023-Nov-06 08:10 |      | Expected Da<br>2024-Dec-0<br>2024-Nov-20<br>2023-Nov-10  | te of Arrival<br>7 12:00<br>5 19:00 | Disch Date (DD-M<br>2024-Nov-20 17-0<br>2024-Sep-27 12:5<br>2024-Apr-08 10:0<br>2023-Nov-06 15:4                        | MM-20000<br>5<br>8<br>5<br>1<br>7 | Medical Senice<br>General Surgey<br>Obsetrics<br>Ambulatory<br>Obstetrics<br>Ambulatory<br>Emergency   | SC DS<br>SC DS<br>SC ED<br>SC RAD<br>SC 4DB<br>SC CT<br>SC ED | Boor<br>ISW<br>SC4I |
| Historical MRN:<br>Birth Date (DD-MMM-YYYY):<br>************************************ |   | Eacility<br>SCS<br>SCS<br>SCS<br>SCS<br>SCS<br>SCS<br>SCS | MEN<br>11000330<br>11000330<br>11000330<br>11000330<br>11000330             | EIN<br>22-006941<br>22-00749<br>22-001007<br>22-000558<br>22-000602<br>22-000553  | Vieit Id<br>22-008090<br>22-002334<br>22-002724<br>22-002021<br>22-000590<br>22-000542 | Patient Tune<br>PreReq<br>Impauent<br>Outpatient<br>Outpatient<br>Outpatient<br>Emergency          | Rep Date (DD-MMM-2)<br>2024-Nep-27 12:54<br>2024-Mar-22 14:17<br>2024-Jan-22 14:17<br>2024-Jan-10 11:37<br>2023-Nov-06 08:10 |      | Expected Da<br>2024-Dec-0<br>2024-Nov-20<br>2023-Nov-10  | te of Arrival<br>7 12:00<br>9 19:00 | Disch Date (DD)<br>2024-Nov-20 17-0<br>2024-Sep-27 12:5<br>2024-Apr-22 12:15<br>2024-Apr-08 10:0<br>2023-Nov-06 15:4    | MM-20222                          | Medical Senice<br>General Surgery<br>Obstetrics<br>Ambulatory<br>Emergency                             | SC DS<br>SC DS<br>SC ED<br>SC RAD<br>SC 4DB<br>SC CT<br>SC ED |                     |

- 4. Confirm demographics with patient and complete all required fields. Fill in additional insurance information if applicable and obtain requested accommodation. Click **OK**.
- 5. Ensure "Do not print documents" is unselected, select appropriate document(s) from list and click **OK**.
- 6. Log into Mobile eSignature iOS on the tablet.
- 7. In the upper left tap "**search**".
- 8. Fill in FIN for day of surgery and tap "search".
- 9. Tap on correct patient

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10. Follow the rest of the ESig workflow and print a copy for the patient.

| Wristband | Printer<br>fi1ah001 | Copies<br>1 |  |  |
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#### **Registering the Pre-op Appointment for today**

1. Log into Scheduling Appointment Book



 Locate Patient via Appointment Inquiry. Left click on the "eye in the sky" icon.

| 🖄 Scheduling: Scheduling Appointment Book                                                                       | - 🗆 ×                                            |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Task Edit View Help                                                                                             |                                                  |
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| Books Appointment                                                                                               | Work in progress:                                |
| 1 November > Postelet                                                                                           | Schedule                                         |
| Su Mo Tu We Th Fr Sa                                                                                            | Confirm                                          |
| 27 28 29 30 31 1 2 Select                                                                                       | Becur                                            |
| 3 4 5 6 7 8 9                                                                                                   |                                                  |
| 17 18 19 20 21 22 23                                                                                            | Suggest                                          |
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| For Help, press F1                                                                                              | P3076 BARTAY Saturday November 23, 2024, 4:42 PM |
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 Navigate to Person tab and select "Custom Person Inquiry – Confirmed". Hit the three ellipses(dots) on the person line to search for patient.



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4. Search Patient by health card number

Confirm the patient, and click **OK**.

- Select the correct date ranges and start/end times (only enter an end date/time if needed).
- 6. In your inquiry box, click "**Find**" in the bottom left.
- Right-click on the Appointment Type that needs to be Checked In. Select "check in"

| 🛞 Schedule Inquiry - CUSTOM Person Inquiry - CONFIRMED                                 |                             | -                  |           | ×  |
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| Task Edit View Help                                                                    |                             |                    |           |    |
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| Namo:                                                                                  | MRN:                        | DOB:               |           |    |
| Name.                                                                                  | Age:                        | Sex                |           |    |
| Person Resource Location Eligibility Rec                                               |                             |                    |           |    |
| Ingaly:<br>EUSTON Prenon Ingaly - CONFIRMED  Person:<br>Sart date: Start time:         |                             |                    |           |    |
| Z3/Nov/212 V 0000 C<br>End date: End time:<br>*//www.www.vvvvvvvvvvvvvvvvvvvvvvvvvvvvv |                             |                    |           |    |
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| or Help, press F1                                                                      | 0 Items P3076 BARTAY Satu   | rday, November 23, | 2024 4:46 | PM |

| Schedule Inquiry - Resource - Confirmed Appts Only |                       |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | - 0          | × |
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| Percen Resource Location Digibility Ra.            | BIGA OKTE             | DUPHTON | PERSON NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | APPT THPE    | UTATE.       |   |
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| People Contract Buts (bib                          | 10-Jan (204 - 1 (0 PM | 30      | Contrast.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | WVAC Consult | Continued    |   |
| Cannon dite call                                   |                       |         | Longer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |              |   |
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| 100 ar (100 14) up (100 14)                        |                       |         | Check in Low                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |              |   |
|                                                    |                       |         | Check Dail <sup>1</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |              |   |
|                                                    |                       |         | Patient Seen-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |   |
|                                                    |                       |         | Batch Reschedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |   |
|                                                    |                       |         | Group Info                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |   |
|                                                    |                       |         | Welfe-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              | (            |   |
|                                                    |                       |         | Med Net: Charle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |   |
|                                                    |                       |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |   |
|                                                    |                       |         | Leon-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |              |   |
|                                                    |                       |         | Understa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |              |   |
|                                                    |                       |         | Add free Appointment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |              |   |
|                                                    |                       |         | Request                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |              |   |
|                                                    |                       |         | inguiny                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |              |   |
| the Case Cose                                      |                       |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |   |

8. Review appointment information and select **OK.** 

niagarahealth





 An "Available Conversations" box will pop-up. From the drop-down menu, select the "OP Ambulatory Registration" conversation and click OK.

| Available Conversations                               | × |
|-------------------------------------------------------|---|
| Please select the conversation you would like to use: | _ |
| Institut Peristation                                  | ~ |
| OP Ambulatory Registration                            |   |

5

- 10. Confirm demographics if patient is present, otherwise fill out to the best of ability and click OK.
- Document Selection box will open at the end of registration. Ensure "Do not print documents" is unselected, select appropriate document(s) and printer from list and click OK.

|   | Document  | Printer | Copies |  |
|---|-----------|---------|--------|--|
| 2 | Wristband | f1ah001 | 1      |  |
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