## **Updating Shexie Address Book**

## Overview

This guide provides an overview on setting up a doctor within Shexie to have sending capabilities through Medical-Objects.

If you require any assistance or have any questions about the procedure, please contact the Medical-Objects Helpdesk on (07) 5456 6000.

## Adding and Updating Doctors for Sending within Shexie

You will need to change some details from within Shexie's Address book to prepare for sending to providers. If this step is not completed, it may cause issues when sending your documents.

To look up providers to update your address book, You can use the Medical-Objects Referral client application. The guide for installing the Referral Client Application can be found **here**, While the instructions for using the Referral Client to look up providers can be found **here**.

1. Once you are logged into Shexie, Select **Table Maintenance** from the top Menu, and select **Ref** erral **Doctors** as shown below.



 Sekect Add a Doctor to add a new doctor, or Update Doctor to update an existing doctors details.

	Doctor Mainter	nance
A	Add a Doctor	Display • Valid Only
U	Update a Doctor	C All
Ŀ	Locate a Doctor by Profe	ession
P	Update Profession Descr	ription
M	Merge Referral Doctors	
E	Print Referral Doctors Lis	st

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## Note:

If you select **Update Doctor**, You will need to search for the doctor within Shexies system. If the doctor does not exist, you can click **Add Doctor** again from here.

	Doctor	Maintenanc	9	
_ast Name Johnson	First Name Bob	Suburb		
Johnson, Bol	o (Maroochydor	e)		

3. If you have chosen to Add a Doctor, You will need to enter their details on this screen. Existing Doctors will still have the information filled out, However there are several changes that will still need to be made before sending through Medical-Objects is possible.

Shexie N	fedical System		
Copy Na	me/Address to Clipb	oard Send S	MS
	Update Re	eferring Doc	tor Details
Title	First Name	Last Na	me Valid 🔽
Dr.	Bob	Johnso	in
Post	al Address Alter	nate Address	Provider No. Period
102 V	vises Road		Phone 12
			54566000
Maroo	ochydore 4558	-	Fax
Profess	ional Field		Pager
Gener	al Practice	•	
E-Mail /	Address		Mobile
Salutati	on		Letters Send Method
			Medial Objects 🔹
Comme	nts		Electronic Send Format • HL7    PIT
			HL7 Format C RTF @ PDF
EDI		e-Mail	Print
			C Address Label

4. You will need to find and enter the doctors **Provider No.** (if you dont have one already listed by updating the contact) through the Medical-Objects referral client or delivery report. The guide for installing the Referral Client Application can be found here, While the instructions for using the Referral Client to look up providers can be found here.

Note provider numbers are only 8 characters long and start with a number. Some receivers such as **Queensland Health** require an **MO Routing ID** as they are a location not a provider. MO Routing ID are 11 characters and start with a letter. For these IDs put 0000000Y into the **Pro vider No.** and the full MO Routing ID into the **EDI** field. This will require an update to the backend of your Medical Objects setup per step 3.2.8 here.

5. You will then need to change the Letters Send Method. Select the drop down box, and choose the Medical Objects option.



Note:

- Please note that there is a bug within Shexie software, where the name Medical Objects is spelled incorrectly. It may appear as **Medial Objects**. The process will still work, regardless of how the name is spelled.
- Also note in one case we have been informed the Medical Objects entry was missing. If this is the case you will need to contact Shexie support to have it added.
- 6. Change the Electronic Send Format to HL7.

Electronic	Send Format
HL7	O PIT

7. Change the HL7 Format to PDF. RTF format will work as well, However Medical-Objects recommends PDF to ensure compatibility with the receiving sites Practice software.

HL7 Form	at –	
○ BTF	(•	PDF

 The final section that is required to be filled out is the EDI section. Copy the provider number from the Provider No section and paste it into the EDI Field. If this field is left blank, the documents may not send.

Shexie Medical System			
Copy Name/Address to Clipbo	oard Send	ISMS	
Update Ret	erring Do	octor Details	
Title First Name	ame Valid 🔽		
Dr Bob	John	son	
Postal Address Altern	ate Addres	Provider No.	Ref Period
102 Wésses Road		000000AW	12
TUZ WISES MUBU		Phone	
		54566000	
Maroochudoro 4559	_	Fax	
Maroochydore 4330			
Professional Field		Pager	
General Practice	-		
E-Mail Address		Mobile	
Salutation		Letters Send Me	thod
		Medial Objects	•
Comments		Electronic Send	Format – T
		HL7 Format	
		C BTF ⊙ PI	DF
EDI 000000AW	e-Mail	Print	
		C Envelope	nel
<u>0</u> K <u>(</u>	ancel	C Patient List	

9. Click OK to save your changes.