

Sending a Referral or Report

Overview

This guide provides a brief overview on sending a referral using the Medical-Objects Explorer (Meridian).

If you require any assistance with the installation or configuration, or if you have any questions, please contact the Medical-Objects Helpdesk on (07) 5456 6000.

Sending a Referral or Report

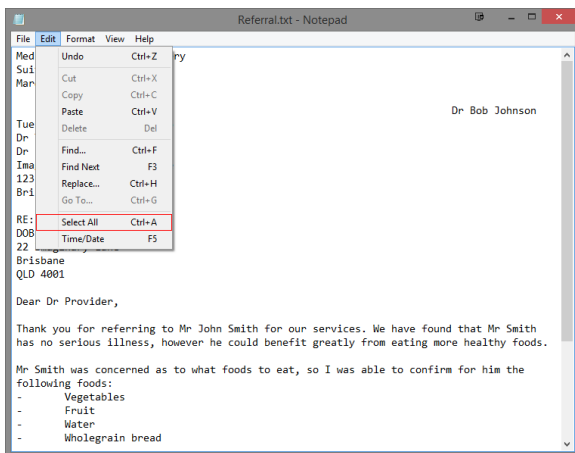
Sending referrals and reports electronically allows the recipient to get them within seconds of it being typed.

There are two ways of sending using the Explorer client.

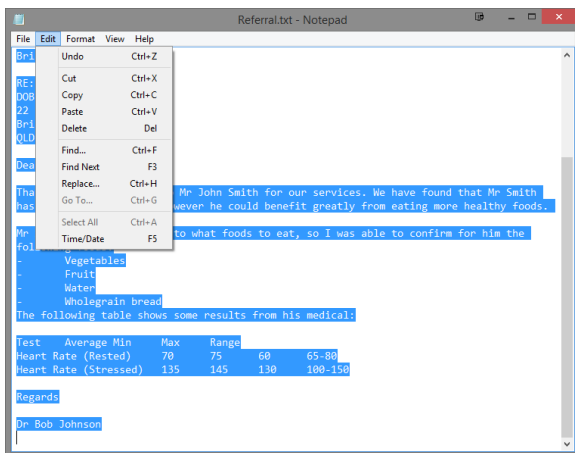
Using an existing letter

1. The first method is an extension of how referrals and reports are currently written. The Explorer uses the Windows Clipboard, a feature common to all Windows applications to transfer information from existing referral writer applications to the Explorer.

To copy a document written in Notepad or any other text editor to the Windows clipboard, choose the **Select All** option from the **Edit** menu or use the keyboard and press **Ctrl+ A**.

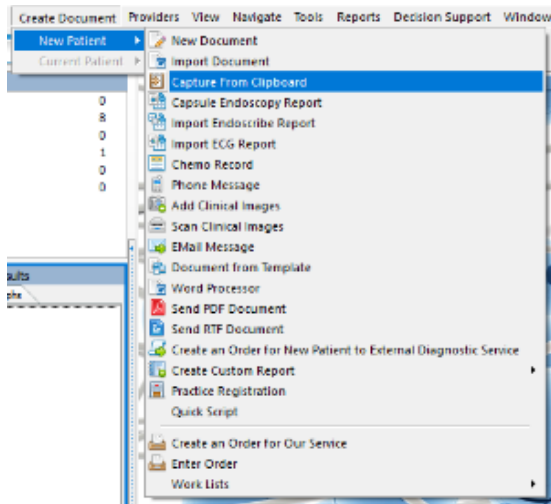


2. The full document will appear highlighted. To copy the selected contents of the referral to the clipboard, select **Copy** from the **Edit** Menu or use the keyboard and press **Ctrl + C**.

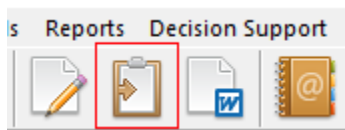


3. The contents of the text document are now on the Windows Clipboard. Once the contents are on the Windows clipboard, the referral or report can be sent using Explorer. Open the Medical Objects Explorer, and from the **Create Document** menu select **Capture Document from Clipboard**.

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Alternatively, Click the **Capture From Clipboard** icon on the toolbar.



The following window will appear.

Patient Details

Surname: [SMITH] First name: [John] Middle name: []
 DOB: [21/11/1963] Sex: [] Medicare Number: []
 Street Address: [22 Imaginary Lane]
 City: [BROSBANE] State: [QLD] Postcode: [4001]
 Patient Class: [Outpatient]

Addressing Details

Addressed to: []
 Copies to: []

Report Details

Request Date: [30.12.2015] Request Order Number: []
 Full Lab No: [73A21BFP-EPAC-HEX] Report Title: [] Clinical Area: []
 Consultation Note: []

Consultation Note

Medical: Objects Test: Surgery
 Suite 15/ 283 Miles Road
 Harrochydor, QLD, 4000

Tuesday 29th December 2015
 Dr Test: 000708
 Dr Example: PHOENIX
 Imaginary Medical Practice
 122 Test Street
 Brisbane, QLD, 4000

RE: Mr John Smith
 DOB: 21/11/1963
 22 Imaginary Lane
 Brisbane
 QLD 4001

Dear Dr Provider,

Thank you for referring to Mr John Smith for our services. We have found that Mr Smith has no serious illness, however he could benefit greatly from eating more healthy Foods.

Mr Smith was concerned as to what Foods to eat, so I was able to confirm for him the following Foods:

- Vegetables
- Fruit
- Water
- Wholegrain bread

The following table shows some results from his medical:

Test	Average HbA1c	HbA1c	Range
Heart Rate (beats)	78	75	60 - 80

☐ Confidential Report ☐ Editable ☐ For Approval before delivered

OK Cancel

- By having **RE:** and **DOB:** listed somewhere in the document, The Explorer has already entered the appropriate information in the field. You can enter the recipient in the top right hand box, and select your provider number from the **From** drop down box within the **Report Details** area. When you are ready to send, Click **OK**.

Creating a Report or Referral within the Explorer

The second approach allows you to write the document directly into the Explorer software.

Click on the **Create** Menu and choose **New Document**. The **Report Details** window will appear. Your Letter, Report or Referral can be typed directly into this window. Create will also give you the other choice of sending Emails, Capsule Endoscopy reports or creating an Order.

Name the document by clicking on the **Report Title** box.

Then fill out the form as described above with the Patients Details, Addressing Details and your Result or message and click send.

Report Details			
Patient Details		Addressing Details Addressed to _____	
Surname _____	First name _____	Middle name _____	Copies to <div style="border: 1px solid black; height: 150px;"></div>
DOB _____	Sex _____	Medicare Number _____	
Street Address _____			
City _____	State _____	Postcode _____	
Patient Class Outpatient Financial Class _____			
Report Details			
Request Date 20.5.2014	Observation Date 20.5.2014	Request Order Number _____	From _____
Full Lab No ICCME ISO-15D-JC70-MPT	Report Title Consultation Note	Clinical Area _____	
Clinical letter or report _____			
<input type="checkbox"/> Confidential Report <input checked="" type="checkbox"/> Editable <input type="checkbox"/> For Approval before delivered <input type="checkbox"/> Abnormal Result			

OK Cancel