

Merge - Schedule from Order

Last Modified on 03/07/2022 2:37 pm EST



Merge - Schedule from Order

The purpose of this document is to provide instructions for scheduling an ordered exam through the Merge RIS system.

1. From the Schedule Tab, search for and select patient in Merge
2. Select/highlight the Order accession in Merge to begin scheduling from the order

The screenshot shows the Merge RIS system interface. At the top, there are several tabs: "Work Queue", "Schedule" (highlighted with a red box), "Check In/Out", "Tech Entry", "Patient File", "Dictation", "Transcription", and "Report Rev". Below the tabs, the "Patient Name" field contains "TEST, 2". The patient details section includes:

| | | | |
|---------|--|--------|--------|
| PMIS | 0100647262 | Jacket | 059706 |
| Privacy | No | Date | |
| Address | 3020 williams drive, FAIRFAX, Virginia 22031 | | |
| Phone | (703) 280-0000 | Age | 45 yo |
| Email | andrea.kellenberger@washingtonradiology.com | | |

Below the patient details is a table of orders:

| Status | Date | Exam | Loc. |
|--------|---------------------|-----------------------|-------|
| Cancel | 07/05/2022 3:00 PM | MAMMO 3D SCREENING | 2141K |
| Cancel | 03/07/2022 2:45 PM | MAMMO 3D SCREENING | 2141K |
| Order | 03/07/2022 1:40 PM | US ABDOMINAL COMPLETE | |
| Cancel | 03/07/2022 11:30 AM | MAMMO 3D SCREENING | 2141K |

3. Click SCHEDULE

The screenshot shows a row of buttons: "SCHEDULE" (highlighted with a red box), "RESCHEDULE", "CHANGE", "WAITLIST", and "CANCEL APPT".

4. The Order Details window will populate
 - o Confirm the type of exam and the name and location of the referring physician
 - o Select the location where the patient would like to schedule

Order Details

TEST, 2
 DOB: 11/29/1976 H: (703) 280-0000 W: ORDERED: 03/07/2022

Patient Name: TEST, 2 Status: Ordered

Referring Physician: TEST, MERGE Exam Priority: Routine

Appointment Reason: Other Appointment Reason Assign To: []

Other Reason: LOWER ABDOMINAL PAIN Schedule Date: 03/07/2022 Time: 1:00pm

Location: All Locations

Requested Orders

| Order Number |
|---|
| 1 SAC US ABDOMINAL COMPLETE 2203071340225618350 |

Exam Code and Description*

| Order Number |
|---|
| 1 SAC US ABDOMINAL COMPLETE 2203071340225618350 |

ADD REPLACE

Reason for Exam: Other Exam Reason Other Reason: LOWER ABDOMINAL PAIN

Procedure Code and Description

| |
|-----------------------------------|
| 1 78700 ABDOMEN SONOGRAM COMPLETE |
|-----------------------------------|

SCHEDULE COMPLETE CANCEL

NOTE: To confirm the location of the referring physician, click the arrow just to the right of that field. The Order: Physician Search window will populate, displaying the options for that specific physician. Please confirm with patient and make the correct selection.

Order: Physician Search

Physician: TEST, MERGE Practice: [] Order No.: []

Additional Search Criteria: [] [] []

Search: All My Location Groups

Search Results

| Physician | Practice | Location | Address | Phone | Fax | PMIS | Notes |
|-------------|----------|----------|--|-------|----------------|------|-------|
| TEST, MERGE | MERGE | MERGE | 375 BILL FRANCE BLVD DAYTONA BEACH, FL | | (386) 947-9519 | | |

5. Click SCHEDULE

SCHEDULE COMPLETE CANCEL

6. Any related Exam Warnings and/or Questionnaires will display. Provide all necessary exam warning information and/or complete the required questionnaire

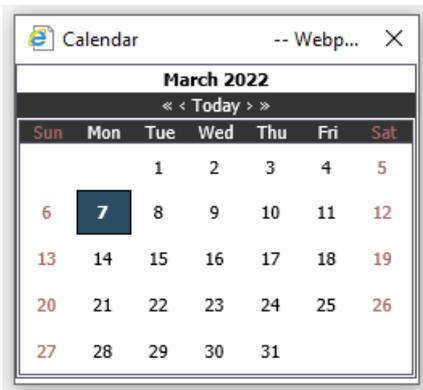
7. The Schedule: Appointment Book window will populate

- Use the arrows on either side of the date to move forward or backward by one day

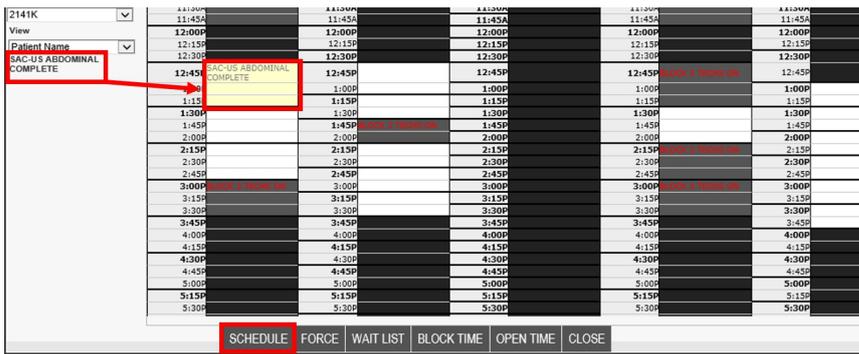
◀ 03/07/2022 Monday ▶

- Use the calendar icon to jump to a specific date - **NOTE:** Single arrow on either side of "Today" will move calendar back or forward by one month, double arrow will move calendar back or forward by one year





8. Drag and drop the exam to the requested date and time slot, then click SCHEDULE



9. The Schedule: Confirmation window will populate

Schedule: Confirmation

Patient: TEST, 2 (DOB: 11/29/1976) | Patient Policies: CIGNA PPO (Policy No. 12345678, Rank 1) | Visit Policies: | Physician: TEST, MERGE (Rank 1)

Appointment Date/Time: 03/07/2022 12:45 PM | Location: 2141K | Location Notes: 2141 K St. NW, Washington DC 20037

Appointment Reason: Other Appointment Reason | Other Reason: LOWER ABDOMINAL PAIN | Auct No.: 2203071340225618350 | Confirmation: Email (Portal) andrea.kellenberger@washingtonr

| Exam Code | Description | Time | Type | Duration | Resource |
|-----------|-----------------------|---------------------|--------------|----------|---------------------|
| SAC | US ABDOMINAL COMPLETE | 03/07/2022 12:45 PM | Single Visit | 45 min | DC SONO ROOM 1 (45) |

Reason for Exam: Other Exam Reason | Other Reason: LOWER ABDOMINAL PAIN | Diagnostic Code: | Description: | Rank: | Body Parts: | Exam Priority: Routine

Exam Warning: IF EXAM IS FOR AN INFANT FOR PYLORIC STENOSIS: MUST BRING A BOTTLE WITH STERILE SUGAR WATER (NOT FORMULA OR BREAST MILK) TO FEED THE CHILD ONCE THEY ARRIVE IN THE OFFICE. THE PRIOR FEEDING SHOULD NOT ...

Prep Notes: AM APPOINTMENTS: DO NOT EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE YOUR APPOINTMENT. PM APPOINTMENTS: DO NOT EAT OR DRINK FOR 6 HOURS PRIOR TO YOUR APPOINTMENT.

Buttons: BACK, COMPLETE, REPEAT, CANCEL

10. Add Insurance under the Patient Policies section, hover over listed insurance to view policy and group numbers

NOTE: Can also Add, Edit and Inactivate insurance

Insurances

| Insurance | Rank |
|---|--|
| <input checked="" type="checkbox"/> CIGNA PPO | Plan #: 12345678 Group #: 008850 Address: PO BOX 182223 , CHATTANOOGA, TN, 37422 |

11. Provide appointment confirmation

- o Date, time and location of appointment(s) - Offer Center address
- o Provide all prep instructions
- o Advise patient to bring their photo ID and insurance card(s)

12. Add Notes/Comments by clicking on the Comments icon located in the lower left-hand corner of the screen



13. The Patient Files: Comments window will populate - Add notes to the Comment Text field and click ADD

Patient Files: Comments

TEST,2 11/29/1976

Date: Category*: Priority*:

Comment Title: Internal Status:

Comment Text*:
PT AWARE OF PREP, ADVISED TO BRING PHOTO ID AND INS CARD

Confirm notes were added to the bottom portion of the screen and click CLOSE

From: To: Category: Priority:

Internal: Status:

| Date | Category | Priority | Internal | Title | Comment Text | User | Delete |
|------------------------|----------|----------|----------|-------|--|--------------------|--------|
| 03/07/2022 2:24 PM | Visit | Medium | No | | PT AWARE OF PREP, ADVISED TO BRING PHOTO ID AND INS CARD | Williams Stephanie | |
| 03/07/2022 12:41 PM | Patient | Medium | No | | PT CALLED TO R/S EXAM | Williams Stephanie | |
| 04/01/2021 3:26 PM | Patient | Medium | No | | PT AWARE OF PREP, RESCHEDULE, BRINING ORDER, ID AND INS - T... | Scott Gerri | |
| 03/30/2021 4:23 PM | Patient | Medium | No | | CANCEL TEST | Scott Gerri | |
| 03/30/2021 3:52 PM | Patient | Medium | No | | TEST CANCEL | Scott Gerri | |
| 03/30/2021 3:51 PM | Patient | Medium | No | | PT IS AWARE OF PREP, BRINGING ORDERS, ID AND INS, NOT TAKIN... | Scott Gerri | |
| 02/18/2014 3:53 PM | Patient | Medium | Yes | | test, test | MARTIN DOREEN | |

14. Add Electronic Order Flag by clicking the Patient Flag icon on the lower, right-hand corner of the screen



Patient Flag Search

Flag Name Selected Items

Search Results

| Flag | Flag Description | Restricted | Type | Icon | |
|-------------------------------------|---------------------------------|------------------------------|------|---------|--|
| <input checked="" type="checkbox"/> | ELECTRONIC ORDER | ELECTRONIC ORDER IN QUEUE | No | Visit | |
| <input type="checkbox"/> | Mammo Overdue Message Left | Mammo Overdue Message Left | No | Patient | |
| <input type="checkbox"/> | ESTIMATE ON FILE | SEE ONBASE FOR ESTIMATE | No | Visit | |
| <input type="checkbox"/> | FALL RISK PT | FALL RISK PT | No | Patient | |
| <input type="checkbox"/> | HIGH IMPORTANCE SEE COMMENTS | HIGH IMPORTANCE SEE COMMENTS | No | Patient | |
| <input type="checkbox"/> | Insurance Verification Required | Insurance not validated | No | Visit | |

15. Click COMPLETE

16. The Schedule: Confirmation window will display again, click COMPLETE to finish scheduling

17. The Schedule Tab will display again, with the Ordered exam now showing as scheduled

Work Queue **Schedule** Check In/Out Tech Entry Patient File Dictation Transcription Report Rev

Patient Name

PMIS 0100647262 Jacket 059706
Privacy No Date
Address 3020 williams drive, FAIRFAX, Virginia 22031
Phone (703) 280-0000 Age 45 yo
Email andrea.kellenberger@washingtonradiology.com
Status Date Exam Loc.

| | | | |
|-----------|---------------------|----------------------------|-------|
| Cancel | 07/05/2022 3:00 PM | MAMMO 3D SCREENING | 2141K |
| Cancel | 03/07/2022 2:45 PM | MAMMO 3D SCREENING | 2141K |
| Scheduled | 03/07/2022 12:45 PM | US ABDOMINAL COMPLETE | 2141K |
| Cancel | 03/07/2022 11:30 AM | MAMMO 3D SCREENING | 2141K |
| Cancel | 02/07/2022 10:00 | CT ABDOMEN AND PELVIS WITH | 2141K |

EDITED: 03/07/2022