Updating Reason for Order

Last Modified on 04/04/2025 6:02 pm EDT



Contact Center eRAD RIS Adding Reason for Order

When adding the Reason for Order for a patient in eRAD, make sure to select from the Auto-Text options. IMPORTANT!!!! IF THE REASON FOR ORDER HAS ALREADY BEEN ADDED/DOCUMENTED IN THE REASON FOR ORDER FIELD DO NOT ADD IT AGAIN. THE ONLY EXCEPTIONS TO THIS WOULD BE WHEN A PATIENT IS ADDING AN ADDITIONAL EXAM OR CHANGING THE TYPE OF EXAM THAT THEY ARE SCHEDULED FOR.

1. The Reason for Order field can be found on the Order Tab when scheduling, rescheduling or editing exams.

| Schedule Order * × | |
|--|--|
| Patient Patient Notes Contacts / De | mographics Order Clinical Schedule Image Request (0) Billing Codes Review Contact Log |
| Reason for order 04-01-2021 Stephanie. Williams - | Referring Details CC Physicians Referring 1 • Visited at * • Img notes • Ref. date MM-dd-yyyy Ord. dept. • |
| Preferred Location | Flags |
| Practice * Mammography-Eastern * Site * Insurance Policies Note Carrier Co Carrier Name | Direct referral Transportation required STAT exam Special accommodations STAT read STAT read Transition of care Transition of care Provided Educational Resources Billing Method Policy # Group Number Group Name Phone Priôrity Eligi (Bill to insurance) 04-01-2021 Stephanie.Williams - |
| Manage Policies IVT Notes | Verification not required Insurance verified Amount to collect * |
| Order Notes | Scheduling Notes |
| 04-01-2021 Stephanie. Williams - | 04-01-2021 Stephanie. Williams - |

REMINDER: If reason is already listed in this field, do not add again.

2. Click on the Auto-Text icon to view the list of pre-populated options to choose from.

| Schedule | Order * x | | | | | | | |
|------------------|------------------|-----------------|--|--|--|--|--|--|
| Patient | Patient Notes | Contacts / Demo | | | | | | |
| Reason for order | | | | | | | | |
| 04-02 | -2021 Stephanie. | Williams - | | | | | | |

3. Select the option from the Auto-Text box that best matches the reason for the exam being scheduled

| ¢ | Autotext | × | |
|---|--------------|---|---|
| | Description | Content | |
| | Contains: T | Contains: | |
| ► | ABDOMINAL US | NAUSEA | |
| | ABDOMINAL US | GALL STONES | |
| | ABDOMINAL US | KIDNEY STONES | |
| | ABDOMINAL US | DISTENTION | |
| | ABDOMINAL US | AAA (ABDOMINAL AORTIC ANEUYRISM) | |
| | ABDOMINAL US | PAIN | |
| | ABDOMINAL US | ELEVATED LIVER ENZYMES | |
| | ABDOMINAL US | DIARRHEA | |
| | Arrive | Please let us know when you have arrived for your appoitment. | |
| | BONE DENSITY | SCREENING FOR OSTEOPOROSIS | |
| | BONE DENSITY | OSTEOPOROSIS | |
| | BONE DENSITY | OSTEOPENIA | |
| | BONE DENSITY | BONE DISORDER | |
| | BONE DENSITY | BONE FRACTURE | |
| | BONE DENSITY | MENOPAUSAL STATUS | ' |
| | | OK Cancel |] |

NOTE: This list can be filtered by typing into the "Contains" field

| ¢ | Autotext | | | | × |
|---|--------------|---|-----------|--|---|
| | Description | | Content | | |
| 1 | Contains: | ٣ | Contains: | PAIN | Y |
| - | ABDOMINAL US | | PAIN | | |
| | BREAST | | LOCALIZE | D BREAST PAIN | |
| | BREAST | | DIFFUSE | BREAST PAIN (THROUGHOUT ONE OR BOTH BREAST) | |
| | PELVIS US | | PAIN | | |

 $4.\,$ Add the Reason for Order by clicking "OK" or by double-clicking the reason from the list.



 $5.\,$ If any additional Reason for Order needs to be added, repeat steps 1-4 $\,$



6. Then, copy and paste the documented Reason for Order into the Order Notes field.

| NOTE: THE INFO | DRMATION LISTEI | D IN REASON FO | OR ORDER <u>MUS</u> | <u>T MATCH WH</u> | AT IS DOCUM | IENTED IN |
|----------------|-----------------|----------------|---------------------|-------------------|-------------|-----------|
| ORDER NOTES! | | | | | | |

| Patient | Patient Notes | Contacts / Der | mographics | Order | Clinical | Schedule | Image | |
|----------|-----------------------------------|-----------------|------------|----------------------------------|-----------|---------------|-----------|--|
| Reason | for order | | Referring | Details | | | | |
| 04-02 | 04-02-2021 Stephanie.Williams - 📑 | | Referring | 1 | | | - 2 | |
| LOCA | ALIZED BREAST | PAIN | Visited a | t * | | | | |
| | | | Img note | s | | | | |
| | | | | | | | | |
| | | | Ref. date | MM- | dd-yyyy | 😐 Ord. d | ept. | |
| Preferre | d Location | | Flags | | | | | |
| Practice | e* Mammograp | hy-Eastern 🔻 | Direct | referral | Transp | oortation ree | quired | |
| Site | | - | STAT | STAT exam Special accommodations | | | | |
| | | | STAT | read | | | | |
| | | | STAT | PreCert | | | | |
| Insuranc | e Policies | | | | | | | |
| No | te Carrier Co | Carrier Name | Policy # | # Gro | oup Numbe | r Group N | ame Pł | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Manag | ge Policies | IVT Notes | | | | Ver | ification | |
| Order No | otes | | | | | | Sched | |
| 04-02- | 2021 Stephanie. | Williams - LOCA | LIZED BREA | ST PAIN | I | | 04-02 | |
| BREA | AST LUMP-LEFT | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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