

CAREEVOLVE 3.8.2 ORDER ENTRY WORKFLOW

PATIENT BILL TYPE

SELECT or REGISTER PATIENT

Search for patient. If patient exists, select patient and proceed to New Order.

If patient does not exist, message displays that there are no patients matching this criteria.

Select <Add Patient> and proceed to Add Patient page. Once patient is added, proceed to New Order by selecting <Save & Place Order> at the bottom of page.

Select A Patient Add Patient Start Search Over	<input type="text" value="Search By Name"/>	Add Patient
There are no patients matching this criteria.		

DRAW NOW Order Type

PATIENT Bill Type

1. Patient

CEUPGRADE, TESTER B	Office Id: 06261990 DOB: 06/26/1990	Phone Number: -- Gender: M	Primary Insurance: MEDICARE PART B	
New Order	Order Type: Draw Now ▼	Bill Type: Patient ▼	Save Draft	Cancel Order
1. Patient 2. Tests 3. Review Complete				
Please confirm the following required information is correct.				
Order Information ✓				
Ordering Provider: PHYSICIAN, SEE REPORT ▼ Lab: PRN ▼ Fasting: <input checked="" type="radio"/> No <input type="radio"/> Yes				
Patient Demographics ✓ Edit				
Last Name: CEUPGRADE First Name: TESTER Date of Birth: 06/26/1990 Gender: Male Office Id: 06261990				
Guarantor ✓ Edit				
Relation: Self				
Next				

Order Information

Select Ordering Provider

Accept default of PRN for WKCRL orders

Change Fasting to Yes, if applicable

Patient Demographics and Guarantor Information

Edit information in these sections, if applicable.

Select <Next> or Tests Tab once all information is satisfactory.

2. Tests

CEUPGRADE, TESTER B	Off DOI	Admin Practice	Phone Number: -- Gender: M	Primary Insurance: MEDICARE PART B
New Order 84 - Draw Now - Patient				Save Draft Cancel Order
1. Patient <input checked="" type="checkbox"/>		2. Tests <input checked="" type="checkbox"/>		3. Review <input type="checkbox"/> Complete <input type="checkbox"/>
Selected Tests		<input type="text" value="Search Tests"/>		
<input checked="" type="checkbox"/> 80575 BETA HCG, SERUM QUANT TUMOR MAR	<input checked="" type="checkbox"/> 15168 SEDIMENTATION RATE	<input checked="" type="checkbox"/> 14824 URINALYSIS ROUTINE WITH MICROSCOPIC IF INDICATED		
<input checked="" type="checkbox"/> 16777 CULTURE, URINE ROUTINE				
Recent Tests (<input checked="" type="checkbox"/> All Recent)				
<input checked="" type="checkbox"/> 80575 BETA HCG, SERUM QUANT TUMOR MAR	<input checked="" type="checkbox"/> 15168 SEDIMENTATION RATE	<input checked="" type="checkbox"/> 14824 URINALYSIS ROUTINE WITH MICROSCOPIC IF INDICATED		
<input checked="" type="checkbox"/> 16777 CULTURE, URINE ROUTINE				
Test Groups				
<input type="checkbox"/> ANEMIA PROFILE	<input checked="" type="checkbox"/> Urinalysis and Urine Culture			
Tests				
<input checked="" type="checkbox"/> 80575 BETA HCG, SERUM QUANT TUMOR MAR	<input type="checkbox"/> 16504 CULTURE, ROUTINE	<input checked="" type="checkbox"/> 15168 SEDIMENTATION RATE		
< Back		Next >		

Select Tests for Order Entry by

Searching all Tests

Checking All Recent or some of the Recent Tests

Checking Test Group, if applicable

Checking one or more of the frequently ordered Tests

Select <Next> or Review Tab.

3. Clinical

If there are AOE questions that apply to any of the orders, a new tab inserts on the screen, the Clinical Tab.

CEUPGRADE, TESTER B	Office Id: 06261990 DOB: 06/26/1990	Phone Number: -- Gender: M	Primary Insurance: MEDICARE PART B
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New Order 84 - Draw Now - Patient Save Draft Cancel Order

1. Patient ✔ 2. Tests ✔ **3. Clinical** 4. Review Complete

16777 (CULTURE, URINE ROUTINE)

Micro Specimen Source URINE (* required) Clean Catch Midstream Urine

< Back Next >

Answer the AOE questions. If required, you cannot proceed to the next tab until the question is answered.

Select <Next> or Review Tab.

6. Review

CEUPGRADE, TESTER B	Office Id: 06261990 DOB: 06/26/1990	Phone Number: -- Gender: M	Primary Insurance: MEDICARE PART B
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New Order 84 - Draw Now - Patient Save Draft Cancel Order

1. Patient ✔ 2. Tests ✔ 3. Clinical ✔ **4. Review** Complete

General Information

*Order Date 01/09/2019 12:03 pm *Coll. Date 01/09/2019 12:05 pm Coll. by dbzavaly3

(MM/DD/YYYY) (HH:MM AM/PM) (MM/DD/YYYY) (HH:MM AM/PM)

Ordering **PHYSICIAN, SEE REPORT** Insurance -- Fasting **No**

Report Lab

Comments Comments

*Priority Routine

Copy to < none > Add

Referring < none > Add

16777 (CULTURE, URINE ROUTINE)

Micro Specimen Source URINE (* required) Clean Catch Midstream Urine

Test Specific Information

80575	BETA HCG, SERUM QUANT TUMOR MAR
16777	CULTURE, URINE ROUTINE
15168	SEDIMENTATION RATE
14824	URINALYSIS ROUTINE WITH MICROSCOPIC IF INDICATED

< Back Complete

General Information

Change the Collection Date/Time and Collector

Enter Report Comments

Enter Lab Comments (both comments will be sent to Lab and returned as comments with the results to CareEvolve)

Enter Copy to and/or Referring Provider. Information will print on the requisition but reports will not automatically send to the provider from CareEvolve.

Select <Complete> or Complete Tab.

Print the Order Requisition.

NOTE: The Ordering Provider, Insurance, Fasting Status, Diagnosis and Tests cannot be modified on this screen.

Summary of Order displays:

CEUPGRADE, TESTER B	Office Id: 06261990 DOB: 06/26/1990	Phone Number: -- Gender: M	Primary Insurance: MEDICARE PART B
Order 84 - Draw Now - Patient			
Order Requisition <input type="button" value="Print"/>			
General Information			
Order Date 01/09/2019 12:03 PM (MM/DD/YYYY HH:MM AM/PM)	Coll. Date 01/09/2019 12:05 PM (MM/DD/YYYY HH:MM AM/PM)	Coll. by dbzavaly3	
Ordering PHYSICIAN, SEE REPORT	Insurance --	Fasting No	
Report	Lab	Priority Routine	
Comments	Comments		
16777 (CULTURE,URINE ROUTINE)			
Micro Specimen Source URINE <input type="button" value="Clean Catch Midstream Urine"/>			
Tests			
80575	BETA HCG, SERUM QUANT TUMOR MAR		
16777	CULTURE,URINE ROUTINE		
15168	SEDIMENTATION RATE		
14824	URINALYSIS ROUTINE WITH MICROSCOPIC IF INDICATED		
<input type="button" value="Return To Order/Result List"/> <input type="button" value="Search For Patient"/> <input type="button" value="Change Account"/>			

Select the appropriate action from this screen, as needed.

Order Requisition <Print>

<Return to Order/Result List>

<Search for Patient>

<Change Account> (for PSC only)

DRAW LATER Order Type

PATIENT Bill Type

Differences:

1. Patient

CEUPGRADE, TESTER B	Office Id: 06261990 DOB: 06/26/1990	Phone Number: -- Gender: M	Primary Insurance: MEDICARE PART B
New Order Order Type: Draw Later Bill Type: Patient Save Draft Cancel Order			
1. Patient 2. Tests 3. Review Lab Script			
Please confirm the following required information is correct.			
Order Information ✓			
Ordering Provider: PHYSICIAN, SEE REPORT Lab: PRN			
Patient Demographics ✓ Edit			
Last Name: CEUPGRADE First Name: TESTER Date of Birth: 06/26/1990 Gender: Male Office Id: 06261990			
Guarantor ✓ Edit			
Relation: Self			
Next			

The option to choose Fasting Status is not available.

The last Order tab is <Lab Script> and not <Complete>.

6. Review

CEUPGRADE, TESTER B Office Id: 06261990 Phone Number: -- Primary Insurance: MEDICARE PART B
 DOB: 06/26/1990 Gender: M

New Order 85 - Draw Later - Patient Save Draft Cancel Order

1. Patient ✓ 2. Tests ✓ 3. Clinical ✓ **4. Review** Lab Script

General Information

*Order Date: 01/09/2019 12:07 pm
 (MM/DD/YYYY) (HH:MM AM/PM)

Ordering: PHYSICIAN, SEE REPORT Insurance: --

Report: Lab:

Comments: Comments:

Copy to: < none > Add Referring: < none > Add

16777 (CULTURE, URINE ROUTINE)

Micro Specimen Source URINE (* required) Clean Catch Midstream Urine

Test Specific Information

80575	BETA HCG, SERUM QUANT TUMOR MAR
16777	CULTURE, URINE ROUTINE
15168	SEDIMENTATION RATE
14824	URINALYSIS ROUTINE WITH MICROSCOPIC IF INDICATED

< Back Save

General Information Differences

No Collection Date/Time or Collector fields are displayed

<Save> option is at the bottom and not <Complete>

NOTE: The Ordering Provider and Tests cannot be modified on this screen.

General Information Actions

Enter Report Comments

Enter Lab Comments (both comments will be sent to Lab and returned as comments with the results to CareEvolve)

Enter Copy to and/or Referring Provider. Information will print on the requisition but reports will not automatically send to the provider from CareEvolve.

Select <Save> or Lab Script Tab.

Lab Script Print window displays

CLOSE X

Lab Script [Print](#)

CareEvolve Outreach **This Is Not a Requisition**
 Pathology Resource Network L.L.C.
 2600 Greenwood Road
 Shreveport, LA 71103
 318-212-4400

Collected: _____
 Collector: _____
 Fasting: _____
 Draw Site: _____

Account: 08000 OMEGA TEST CLIENT, SCHUMPERT MEDICAL CENTER 915 MARGARET STREET, SHREVEPORT, LA 71101

Priority: _____ ABN: _____ 85

Patient: CEUPGRADE, TESTER B Office ID: 06261990 SSN: 474758123
 Address: 123 ABC ST Home Phone: _____ DOB: 06/26/1990
 BOSSIER CITY, LA 71111 USA Marital Status: Married Sex: M Age: 28 Yrs
 Clinical Info: Race: Unknown

Bill Type: Patient Relationship: Self
 Guarantor: CEUPGRADE, TESTER B Employer: SELF
 SSN: 474758123 Home Phone: _____
 Address: 123 ABC ST
 BOSSIER CITY, LA 71111 USA

Insurance: _____ Insurance: _____
 Address: _____ Address: _____

Group #: _____ Group Name: _____ Group #: _____ Group Name: _____
 Policy #: _____ Policy #: _____

Dx Codes: _____ Provider Name: SEE REPORT PHYSICIAN
 Provider Code: 14910627

Code	Tube	Description
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CLOSE X

This form is not a Requisition but a document to use to record collection information for the specimen when drawn later.

The Order status will be Incomplete.

The order will not be sent to the Lab until accessed again and completed with collection information and the selection of <Complete> to print the Order Requisition.

AFTER SPECIMEN COLLECTION

Access the Order/Result List for the patient

CEUPGRADE, TESTER B Patient ID: 06261990 Phone Number: -- Primary Insurance: MEDICARE PART B
 DOB: 06/26/1990 Gender: M

[Order/Result List](#) [Demographics](#) [Cumulative Reporting](#)

View: All Reports [Create New Order](#)

Collect Date	Order #	Template #	Status	Report Date	Requisition	Status	Flag	Viewed	Reviewed	Printed
01/09/2019	85	--	Incomplete	--	--	--	--	--	--	--

Select the order to be completed. Window displays.



Select <Draw Now>

Workflow displays for the DRAW NOW Order Type.

Step through the workflow to the Review Tab.

General Information

Enter the Collection Date/Time and the Collector.

Select <Complete> or Complete Tab to print the Order Requisition.

Summary order screen displays as with the DRAW NOW Order Type.

STANDING ORDER Order Type

Please contact me if you are interested in Standing Order functionality. I can work with your practice individually to implement this. Please see next page for contact information.