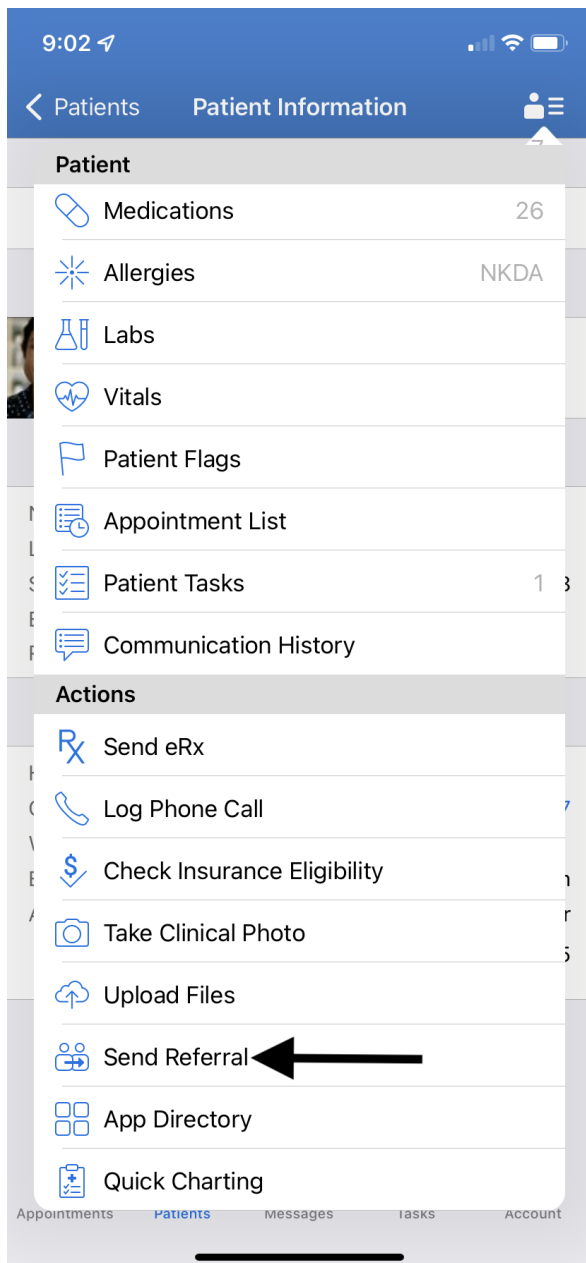


Sending a Referral through the iPhone




07/08/2024 7:24 pm EDT

Similar to [referrals](#) on the web, you can easily send a patient referral through the iPhone EHR app.

1. Tap on the patient's name and select **Send Referral**.



2. A window will open, first enter the recipient's information.

4:26   


Close Patient Referral Preview


Fax Info Patient Info Clinical Summary Codes D

SENDER

Dr. James Smith

support@drchrono.com


 Fax Number


 (443) 555-5555

RECIPIENT


Select a Contact or Add New Contact




E-mail Address

 Fax Number

 Phone Number

INSTRUCTIONS

 Sign


4:26   


Close Patient Referral Preview

Fax Info Patient Info Clinical Summary Codes D

SENDER

Dr. James Smith


 Fax Number


 (443) 555-5555

RECIPIENT


Select a Contact or Add New Contact

E-mail Address

 Fax Number

 Phone Number


INSTRUCTIONS

 Sign

- Sample Doctor, MD (+650-555-5555)
- Sample sam (+650-555-5555)
- Doctor sample (+650-555-5555)

Sample



E-mail Address


 Fax Number



"Sample" Samples Sampled

q w e r t y u i o p

a s d f g h j k l

 z x c v b n m 




123  space return

3. Verify the patient's information. Any information that needs to be changed here will need to be edited in the patient's chart.

Tap **Select Sections** to add:

- Tertiary Insurance
- Auto Insurance
- Worker's Compensation Insurance
- DME Insurance

4:27   

Close Patient Referral Preview

Fax Info **Patient Info** Clinical Summary Codes Di

PATIENT INFORMATION

Name Laurie Sample

Sex Female

Age 31

DOB 12/08/1990

Phone (650) 555-5555

SSN 111-22-3333

Addr. Line 1 328 Gibraltar Dr

Addr. Line 2

PRIMARY INSURANCE


Company United HealthCare




Insurance ID 123456789

Plan Name

Group ID ABC123

Subscriber Self

Select Sections  Sign

10:17   

Close Select Sections Save

Tertiary Insurance

Auto Insurance

Worker's Compensation Insurance

Durable Medical Equipment Insurance

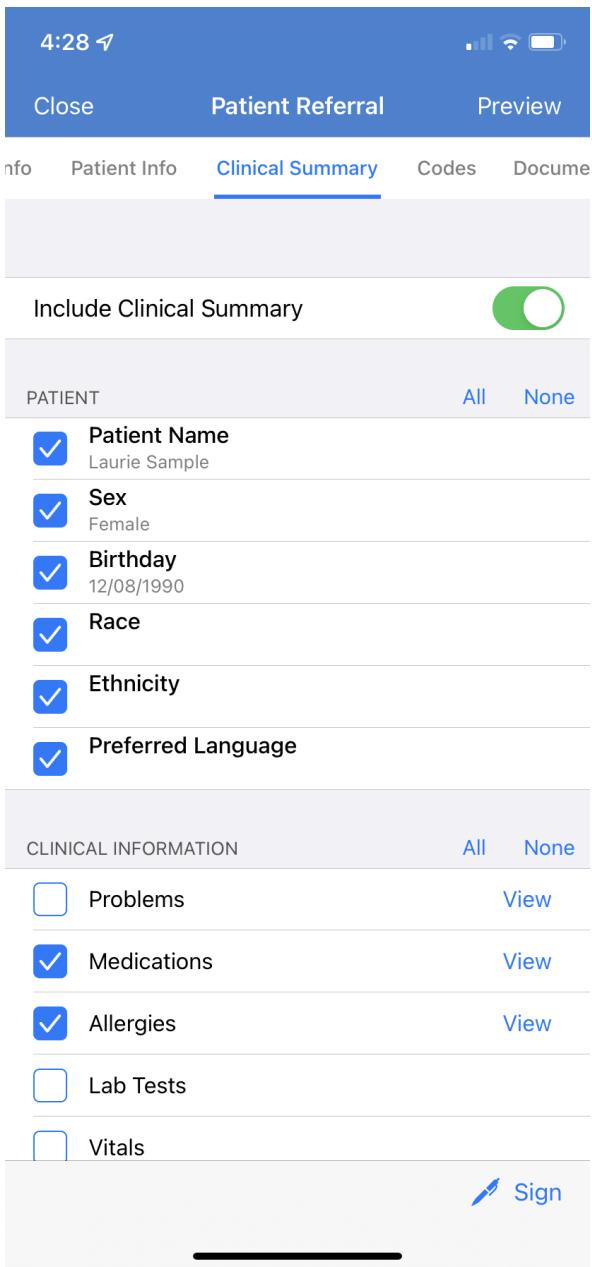
4. By default the **Clinical Summary** will be included in the referral. You can exclude it by deactivating the switch (




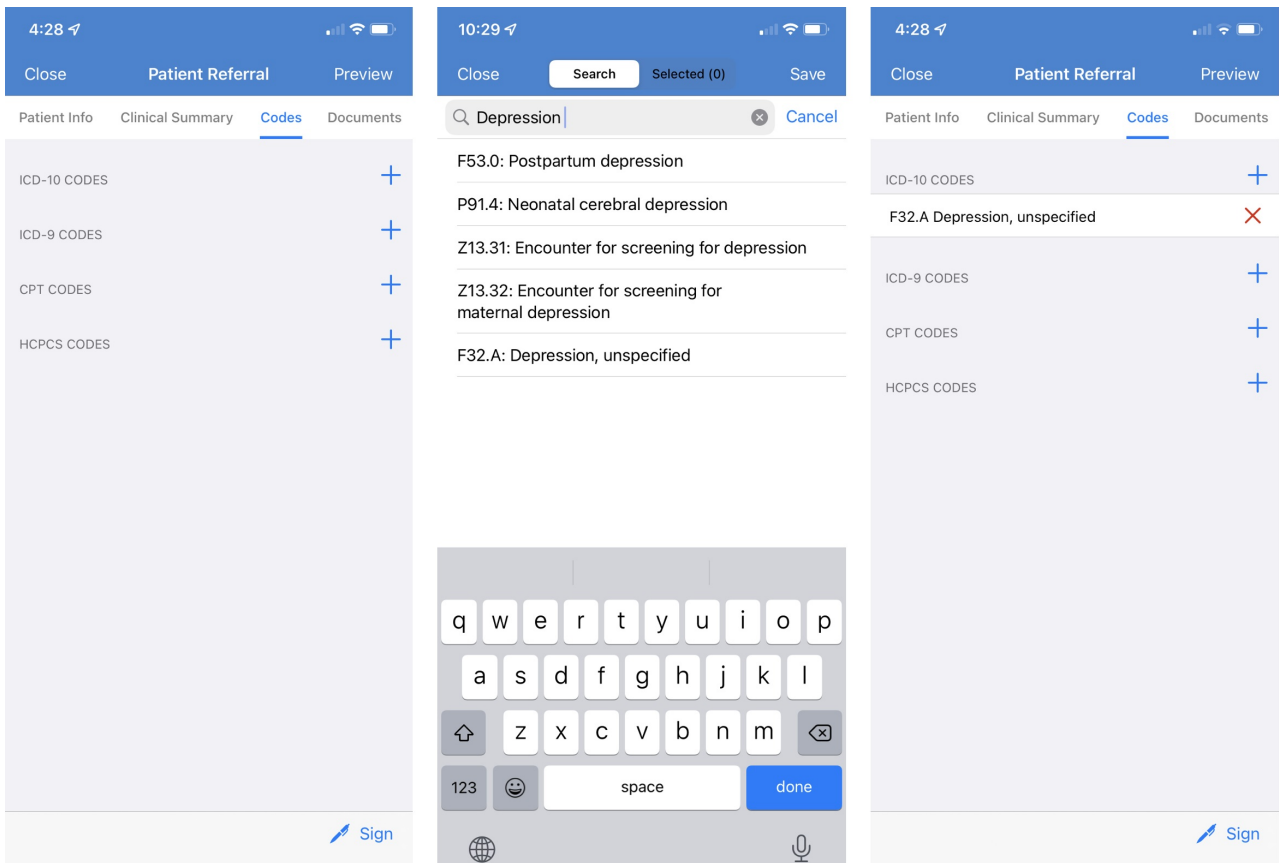
) to (



). You can also check or uncheck the boxes for information you would like to include or exclude.



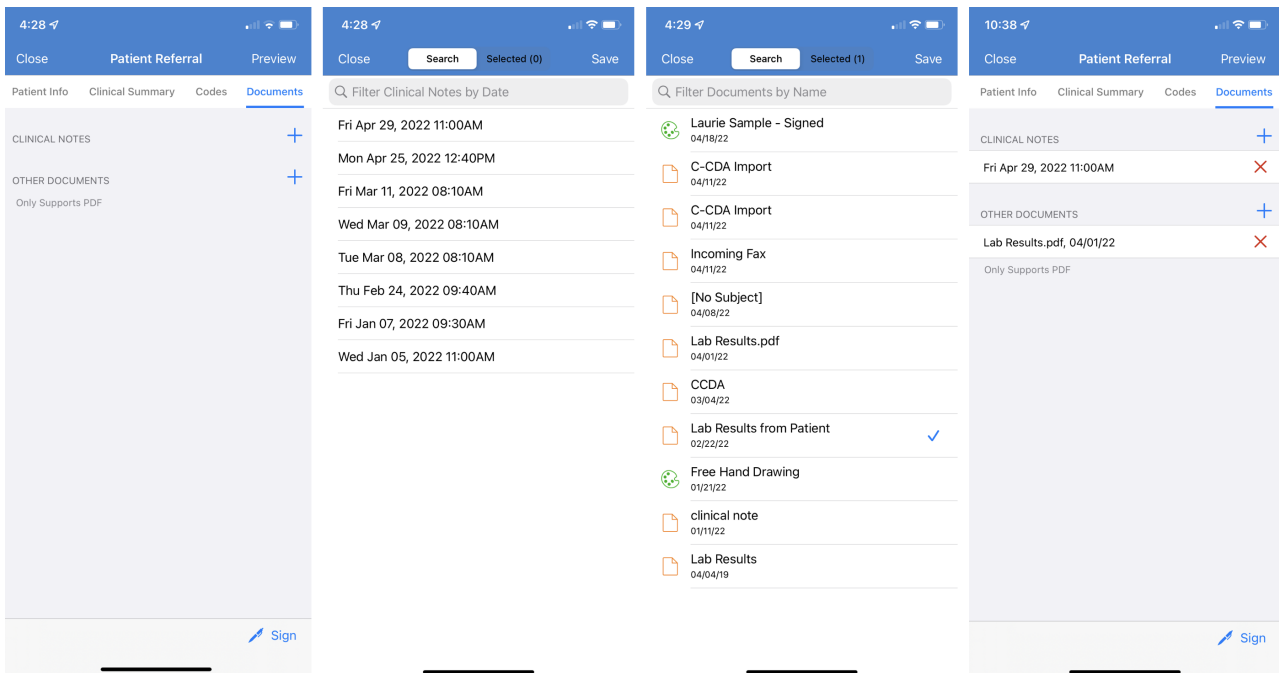
5. Select any relevant codes by tapping on the () icon and searching for the codes. Selected codes will be added.



6. Select any documents you would like to include by tapping on the (



) icon. Tap any documents, like clinical notes, you would like to add and **Save**. The selected documents will appear in the referral.



7. Optionally, you can sign the referral by selecting **Sign**.

9:03 📶 🔋

Close Patient Referral Preview

Fax Info Patient Info Clinical Summary Codes D

SENDER

Dr. James Smith

sample@sample.com

Fax Number

(443) 555-5555

RECIPIENT


Select a Contact or Add New Contact

E-mail Address

Fax Number

Phone Number

INSTRUCTIONS

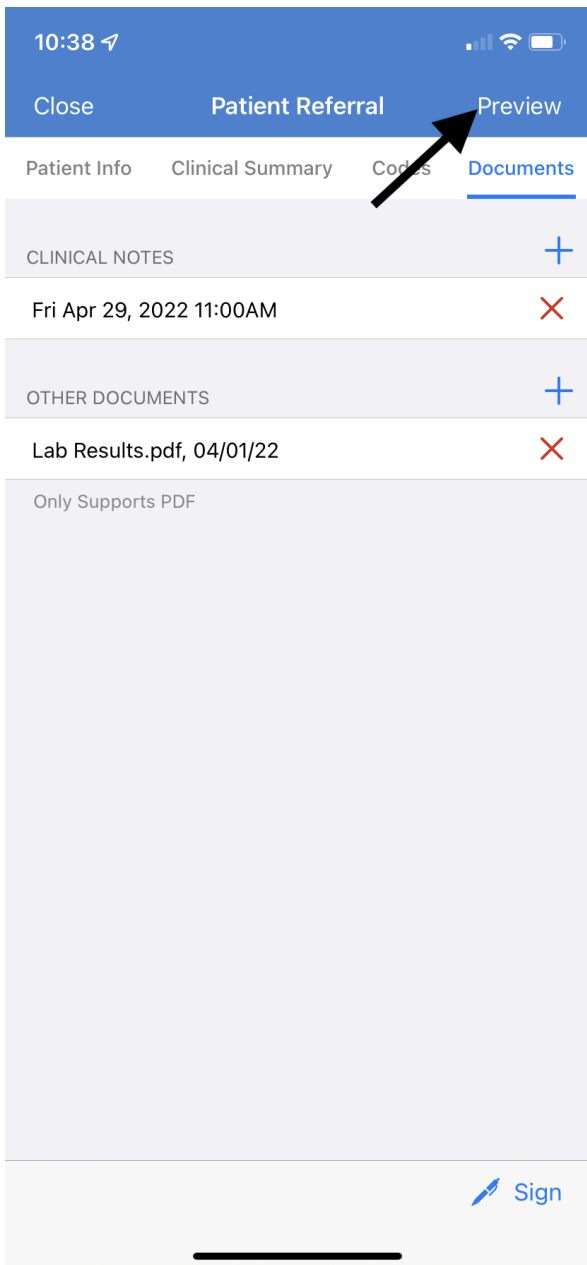
 Sign

Close Signature Save

Save signature for reuse Clear



8. Tap **Preview** in the upper right when finished.



8. Select **Fax Referral** to fax or the print icon to print. The referral will be sent and you will see a success message when it is complete.

Test Facility
From: Dr. James Smith
Email: sampj@sample.com
Phone: (949) 555-5555
Fax: +1 950-555-5555

To: Sample Doctor, MD
Email:
Phone:
Fax:

Patient Name: Laurie Sample
DOB: 12/08/1990
Age: 31
Sex: Female
SSN: XXX-XX-3333

Phone: (950) 555-5555
Address: 328 Gibraltar Dr
 Sunnyvale, CA 95005
Mail Address: Same as address

Primary Insurance:
 Company: United HealthCare
 Plan:
 Group #: ABC123
 Policy #: 123456789
 Subscriber: Laurie Sample

Secondary Insurance:
 Company:
 Plan:
 Group #:
 Policy #:
 Subscriber: Laurie Sample

Instructions: Instructions go here

Diagnosis:
 ICD-10 Code: Description
 F32.A Depression, unspecified

J. Smith

Provider: Dr. James Smith
 Date: 05/12/2022 09:19 AM

Patient Health Summary

Patient	Laurie Sample		
Date of birth	December 8, 1990	Sex	Female
Race	Unknown	Ethnicity	Unknown
Contact info	Primary Home: 328 Gibraltar Dr Sunnyvale, CA 95005, US Tel (Call): (950) 555-5555	Preferred Language	Information not available
Document Created	May 12, 2022, 16:39:41, EST	Patient ID#	SAJAN00001 2 16 840 1 113883 3 7621 11-02-2022 2 16 840 1 113883 4 1
Care provision	from January 4, 2022, 09:37:00, EST to May 12, 2022, 16:39:41, EST		
Performer (primary care provider)	Dr. James Smith		
Author	Dr. James Smith		
Contact info	225 Schilling Circle Folsom, CA 95602, US Tel (Work Phone): (970) 555-5555		
Document maintained by			

Test Facility
From: Dr. James Smith
Email: sampj@sample.com
Phone: (949) 555-5555
Fax: +1 950-555-5555

To: Sample Doctor, MD
Email:
Phone:
Fax:

Patient Name: Laurie Sample
DOB: 12/08/1990
Age: 31
Sex: Female
SSN: XXX-XX-3333

Phone: (950) 555-5555
Address: 328 Gibraltar Dr
 Sunnyvale, CA 95005
Mail Address: Same as address

Primary Insurance:
 Company: United HealthCare
 Plan:
 Group #: ABC123
 Policy #: 123456789
 Subscriber: Laurie Sample

Secondary Insurance:
 Company:
 Plan:
 Group #:
 Policy #:
 Subscriber: Laurie Sample

Instructions: Instructions go here

Diagnosis:
 ICD-10 Code: Description
 F32.A Depression, unspecified

J. Smith

Provider: Dr. James Smith
 Date: 05/12/2022 09:19 AM



Patient Health Summary

Patient	Laurie Sample		
Date of birth	December 8, 1990	Sex	Female
Race	Unknown	Ethnicity	Unknown
Contact info	Primary Home: 328 Gibraltar Dr Sunnyvale, CA 95005, US Tel (Call): (950) 555-5555	Preferred Language	Information not available
Document Created	May 12, 2022, 16:30:01, EST	Patient ID#	SAJAN00001 2 16 840 1 113883 3 7621 11-02-2022 2 16 840 1 113883 4 1
Care provision	from January 4, 2022, 09:37:00, EST to May 12, 2022, 16:30:01, EST		
Performer (primary care provider)	Dr. James Smith		
Author	Dr. James Smith		
Contact info	225 Schilling Circle Folsom, CA 95602, US Tel (Work Phone): (970) 555-5555		
Document maintained by			

Test Facility
From: Dr. James Smith
Email: sampj@sample.com
Phone: (949) 555-5555
Fax: +1 950-555-5555

To: Sample Doctor, MD
Email:
Phone:
Fax:

Patient Name: Laurie Sample
DOB: 12/08/1990
Age: 31
Sex: Female
SSN: XXX-XX-3333

Phone: (950) 555-5555
Address: 328 Gibraltar Dr
 Sunnyvale, CA 95005
Mail Address: Same as address

Primary Insurance:
 Company: United HealthCare
 Plan:
 Group #: ABC123
 Policy #: 123456789
 Subscriber: Laurie Sample

Secondary Insurance:
 Company:
 Plan:
 Group #:
 Policy #:
 Subscriber: Laurie Sample

Instructions: Instructions go here

Diagnosis:
 ICD-10 Code: Description
 F32.A Depression, unspecified

J. Smith

Provider: Dr. James Smith
 Date: 05/12/2022 09:19 AM

Success
Referral sent!

OK

Patient Health Summary

Patient	Laurie Sample		
Date of birth	December 8, 1990	Sex	Female
Race	Unknown	Ethnicity	Unknown
Contact info	Primary Home: 328 Gibraltar Dr Sunnyvale, CA 95005, US Tel (Call): (950) 555-5555	Preferred Language	Information not available
Document Created	May 12, 2022, 16:30:01, EST	Patient ID#	SAJAN00001 2 16 840 1 113883 3 7621 11-02-2022 2 16 840 1 113883 4 1
Care provision	from January 4, 2022, 09:37:00, EST to May 12, 2022, 16:30:01, EST		
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Document maintained by			