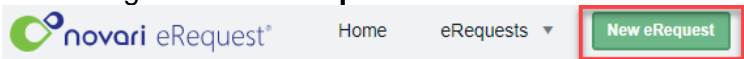



Quick Reference Guide

Create a new record in eRequest.

Create a Record	
<p>1. New eRequest</p>	<ul style="list-style-type: none"> Click the green New eRequest button  <ul style="list-style-type: none"> In the Add New eRequest pop-up, select the provider from the Requester drop-down list. <i>This list is based on user access</i> <p>The Location and Request Type will automatically populate</p> <ul style="list-style-type: none"> Click Create eRequest. <div style="border: 1px solid green; padding: 5px; margin-top: 10px;"> <p>! The Requester drop-down list will display Providers based on user access. If the user has access to one provider, the information in Add New eRequest will be pre-populated</p> </div>
<p>2. Search and Add patient</p>	<ul style="list-style-type: none"> In the Patient Demographics accordion, enter the patient's PHIN number and click Search <ul style="list-style-type: none"> If the patient was found, ensure all mandatory fields are complete and click Confirm Patient If the patient was not found, select Add New and enter all required patient demographics <div style="border: 1px solid green; padding: 5px; margin-top: 10px;"> <p>! Only patients with a Manitoba PHIN number will be searchable, all others must be added new.</p> </div>
<p>3. Active Requisitions</p>	<ul style="list-style-type: none"> If there are other active requisitions for the patient they will display in a list. Open the requests if necessary Click Continue <p><i>Patients will appear in this list only for providers the user has access to</i></p>
<p>4. Update Referral Date</p>	<ul style="list-style-type: none"> Click the Request Date field and select the date the referral request was received by the surgeon's office <p>The time will default to midnight unless specified by the user</p>
<p>5. Complete the Referral</p>	<ul style="list-style-type: none"> Complete all mandatory fields in each accordion When complete, click Send to Awaiting Acceptance 

Quick Reference Guide

Mandatory Data Elements	Definition
Service Type	The surgical service the patient is referred to
Reason for Referral	The specific reason for the surgical referral request Select the most appropriate reason from the drop-down list that corresponds to the Service Type
Referring Provider Name	Name of the physician who sent the surgical referral
Fax Number	Referring Provider Fax Number
Is the referral related to Cancer?	Select the most appropriate value from the dropdown list: None , Known , or Suspected
Investigations/Results included in Referral Package	Indicate if additional information has been included in the Referral Package. Select from the dropdown list: None , Pending , Received