exa-PACS · exa-RIS

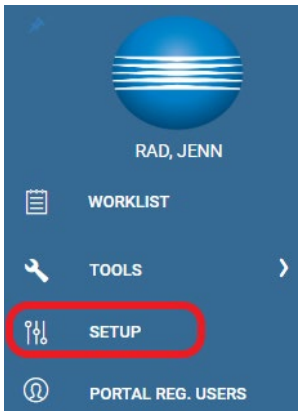
Feature Summary

Study Forms

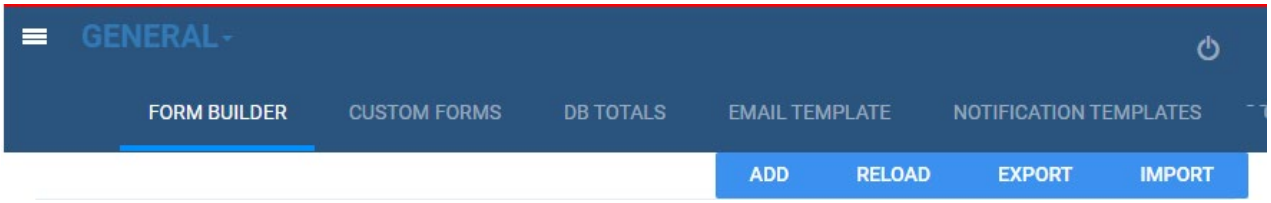
Create a study form

You can create a study form for printing (such as a patient check-in form), or for electronic use within Exa PACS/RIS (such as in the patient portal).

1. On the navigation (“burger”) menu, select **SETUP**.



2. Select **Office** > **General** > **FORM BUILDER** > **ADD**.



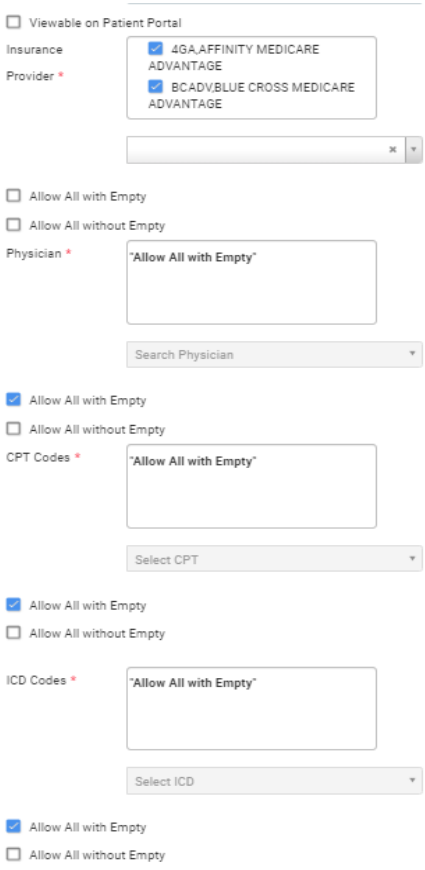
3. Type a **Form Name** and select the **ASSIGN** sub-tab.
4. Select a **Document Type**.
5. In the various categories, select the following options:

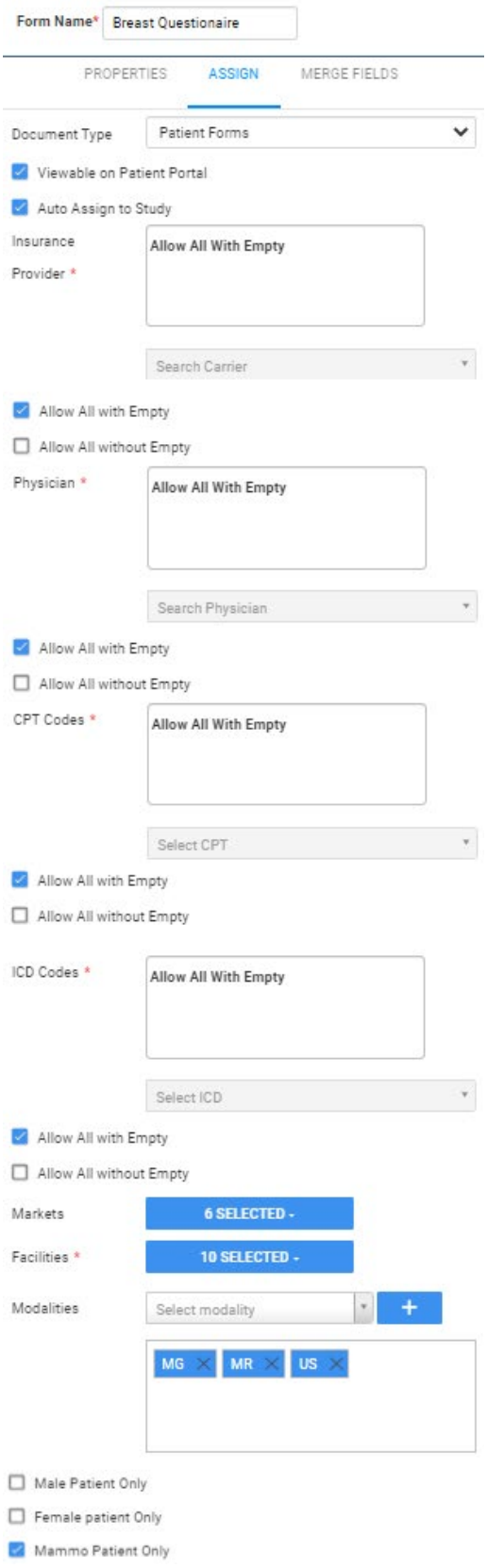
Allow ALL with Empty – The form is available in the patient chart even if no corresponding criterion (e.g. “Provider”) is specified.

Allow ALL without Empty – The form is available in the patient chart ONLY if a corresponding criterion is specified.

Dropdown list: The form is available in the patient chart if the specific criterion you select is specified.

EXAMPLE: My Facility has a form that is required for all Medicare patients.

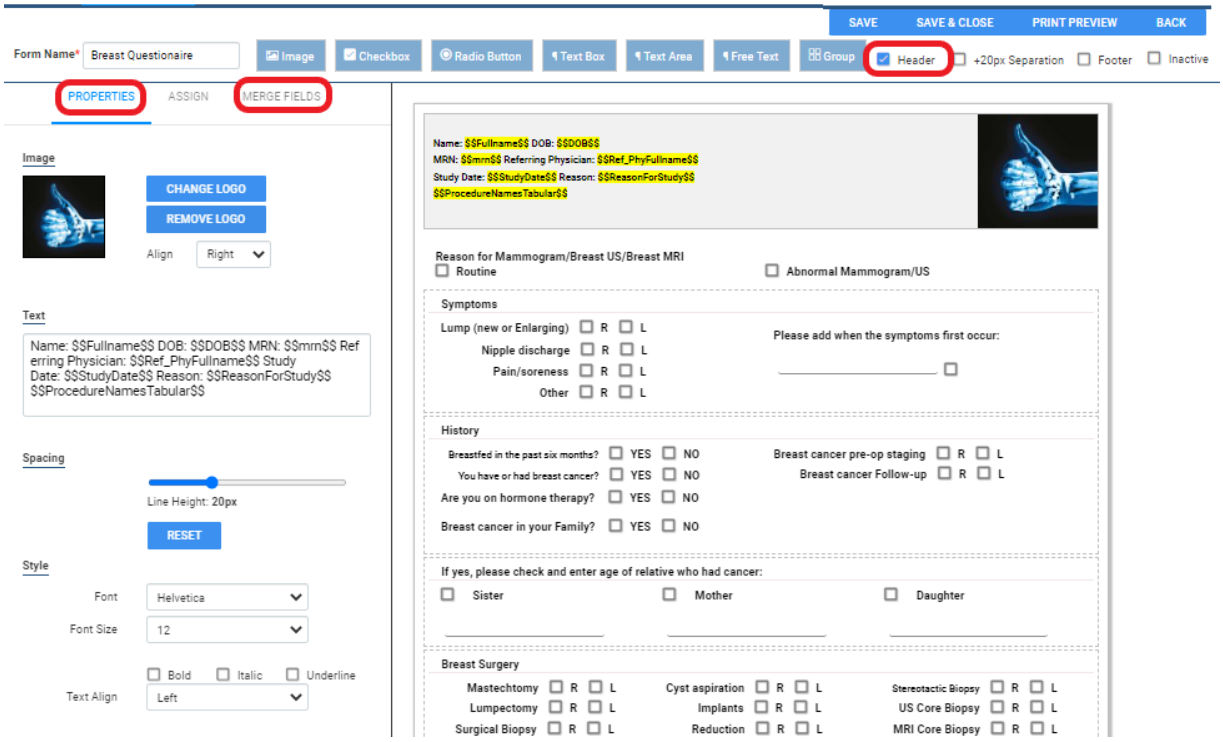




Add a header to the form

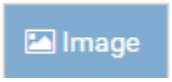
To add a header to your form, select **Header**.

- To add a logo, on the **PROPERTIES** tab, select **CHANGE LOGO**.
- To add merge fields, type text in the **Text** box and then select **ASSIGN** to add merge fields. Switch between the two areas to keep typing text and adding merge fields.

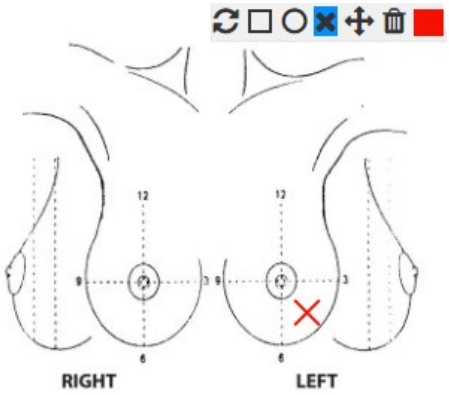


Add information to the body of the form

Use the following buttons to add controls to the form for displaying or gathering information.



Add images to the form. Users of the form can view and mark up the images.



Checkbox Add checkboxes, such as for answering multi-choice questions.

11.- DO YOU HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS: ☐ ANOREXIA OR BULIMIA ☐ ASTHMA OR EMPHYSEMA
☐ END STAGE RENAL DISEASE ☐ HYPERPARATHYROIDISM ☐ HYSTERECTOMY ☐ INFLAMMATORY BOWEL DISEASES
☐ ANY SEIZURE DISORDERS ☐ CANCER

Radio Button Add selectable options, such as for answering yes-or-no questions.

- DO YOU HAVE RHEUMATOID ARTHRITIS? ○ YES ○ NO

¶ Text Box Add text boxes for gathering information from the user of the form.

CURRENT HEIGHT [ ] WEIGHT / LB. [ ]

¶ Text Area Add scrollable text, such as for legal agreements. When a user opens the form, text areas appear as follows.

AUTHORIZATION FOR RELEASE OF INFORMATION AND ASSIGNMENT OF BENEFITS

I hereby assign to the above named office, those benefits otherwise payable to me by any third party as reimbursement of expenses and fees in connection with treatment rendered. I request

¶ Free Text Add non-scrollable text. When a user opens the form, text areas appear as follows.

AUTHORIZATION FOR RELEASE OF INFORMATION AND ASSIGNMENT OF BENEFITS

I hereby assign to the above named office, those benefits otherwise payable to me by any third party as reimbursement of expenses and fees in connection with treatment rendered. I request that payment of authorized benefits be made directly to the medical provider named above on my behalf.

I FULLY UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY AND ALL AMOUNTS NOT OTHERWISE PAID BY MY INSURANCE CARRIER.

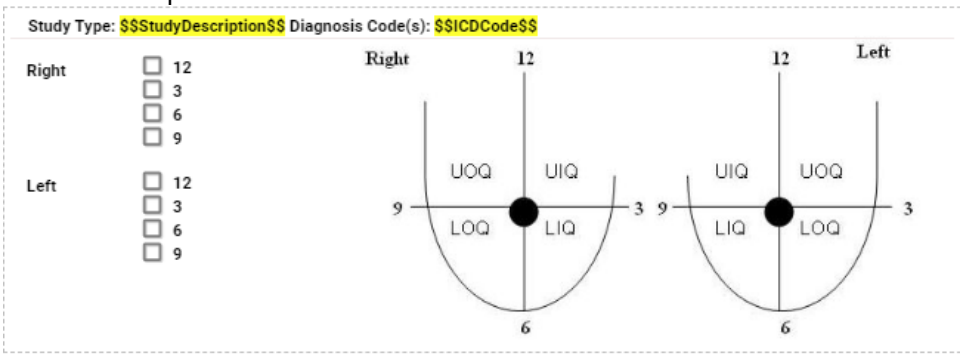
I certify that the information about me to be released to the Health Care Finance Administration or other health care coverage entity, any information needed for this or any related health care claim in writing or verbally. I further understand and agree to pay for services or amounts due when appropriate. These charges could include amounts applied to my annual deductible co-payment amounts, and charges denied as not covered by my insurance program or deemed medically unnecessary. I understand that well care is not covered by Medicare or many other health insurance programs.

I hereby authorize release of my films and/or medical records as needed for subsequent medical care. In the event of positive findings, I authorize my attending physician to release the results of my biopsy-surgery to my referring physician named above for their records.

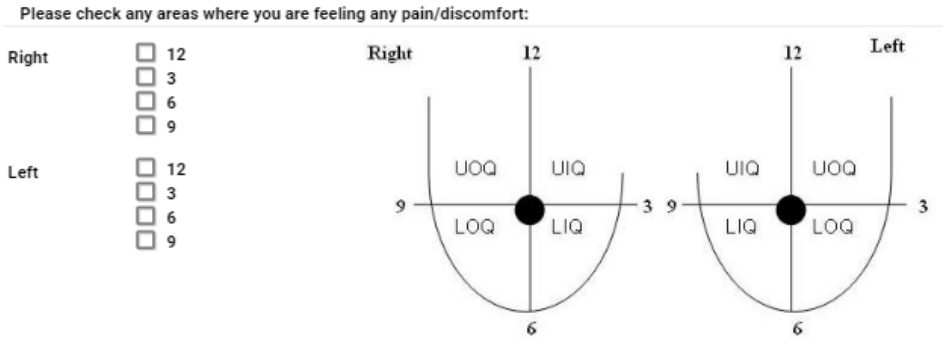
If someone other than the patient is signing this authorization, please state relationship with patient and the reason patient is unable to sign.

Group multiple controls (images, merge fields, radio buttons, etc.) together.

Example: In the form builder



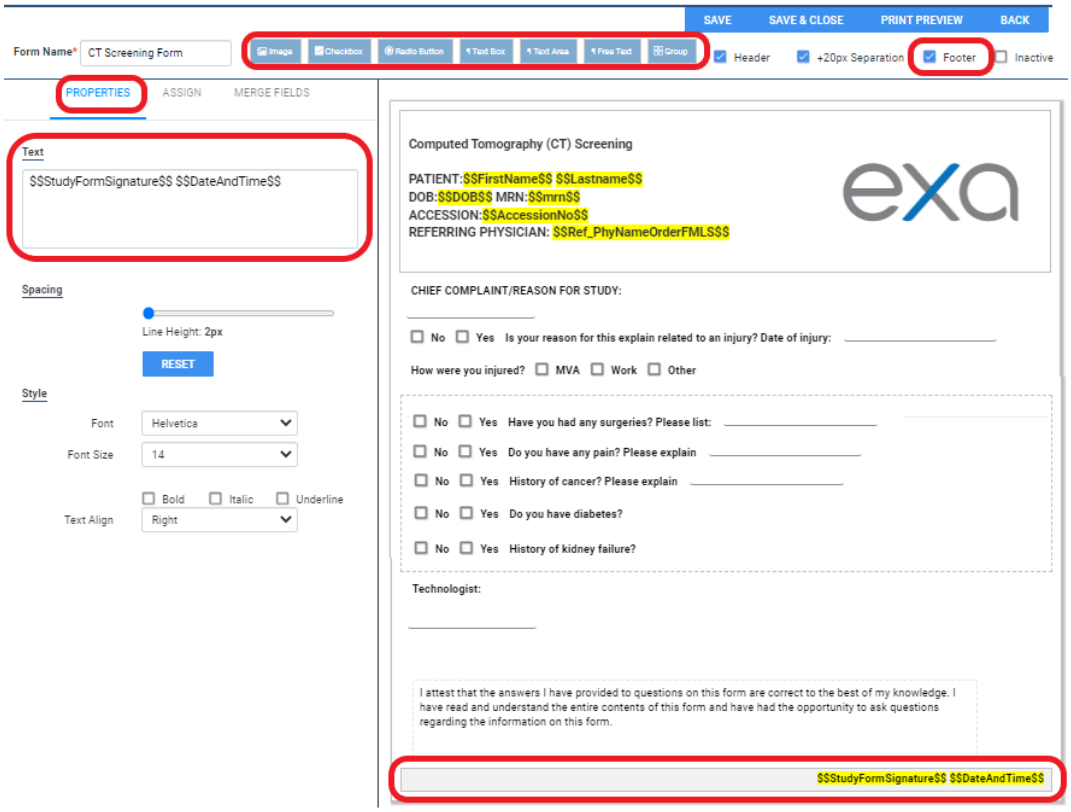
Example: When viewing the form



Add a footer to the form

You can add merge fields or any text options in the footer, including the signature line.

1. Select **Footer**.



Signature in a completed form: