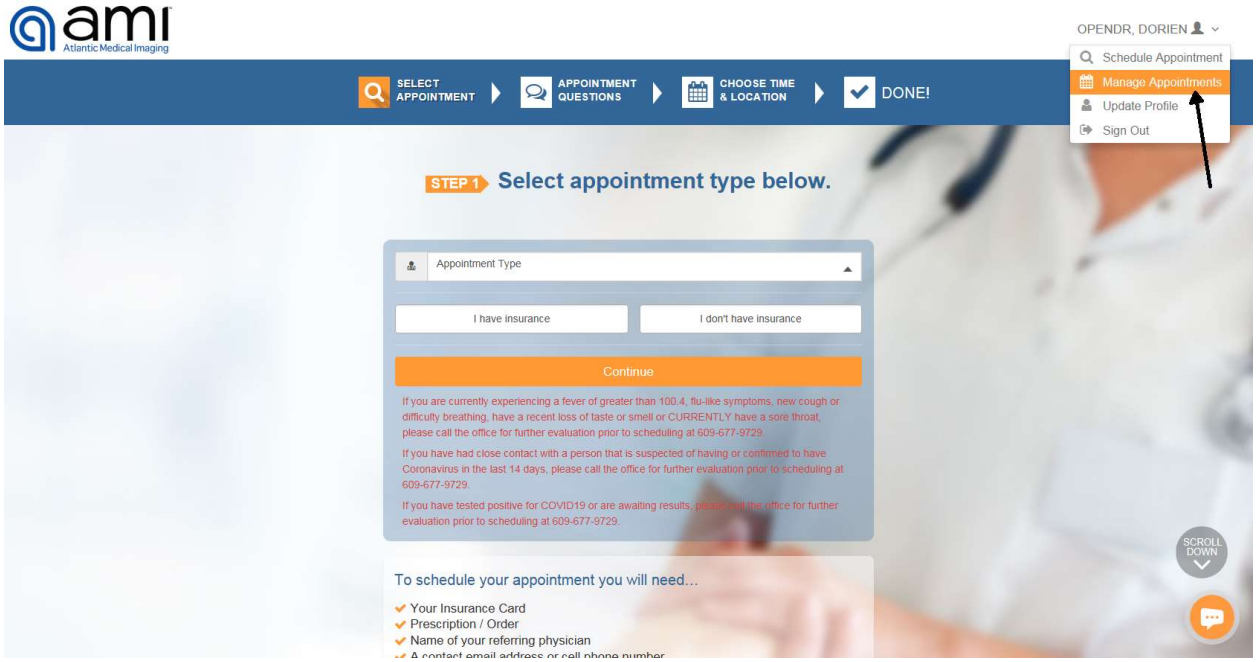
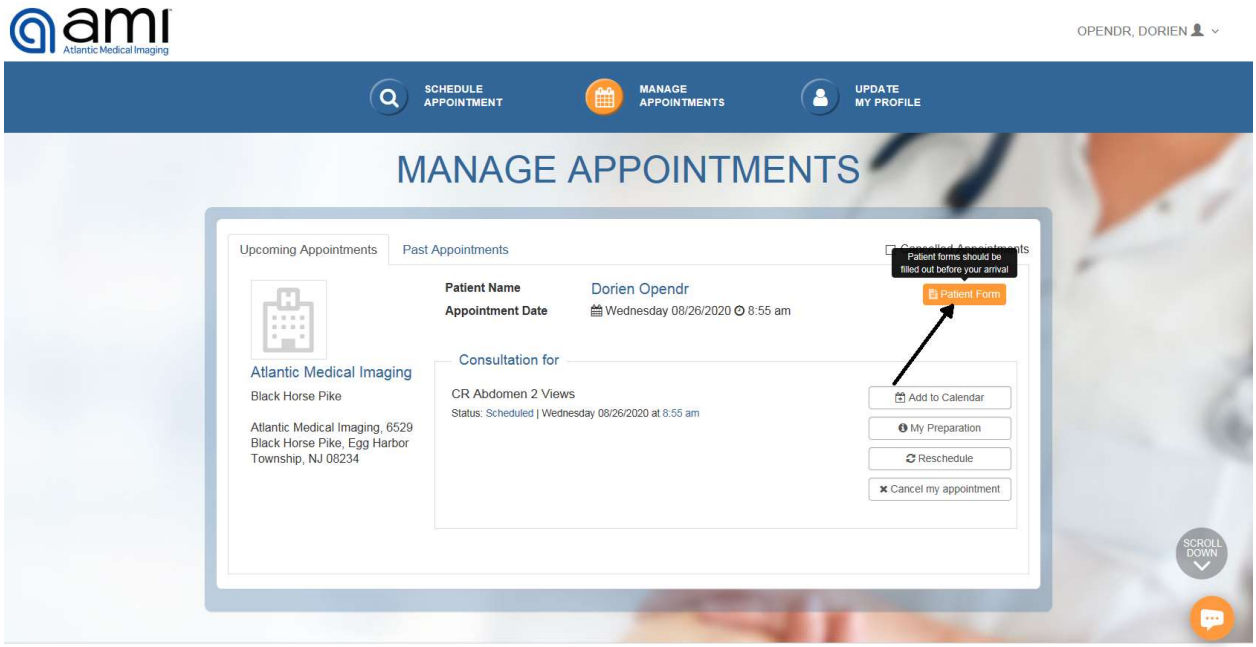
How to Manage Appointments and Complete Forms

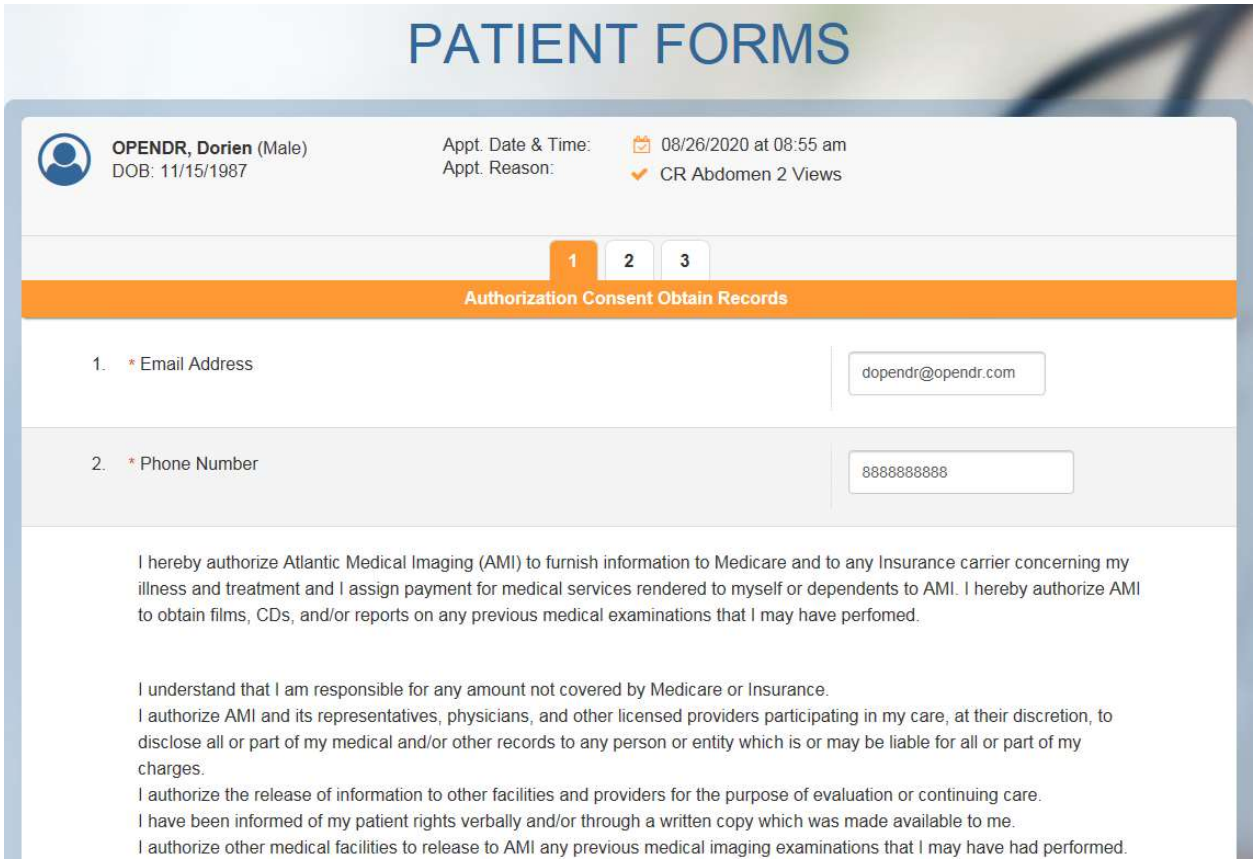
1. If not accessing an email link to fill out forms, you can access them by logging into OpenDr clicking on your name in the top right corner and selecting “Manage Appointments”.



2. You will be taken to a list of your upcoming appointments. Select the flashing “Patient Form” button to fill out the required forms for you exam.



3. After clicking the “Patient Form” button you will be taken to the first form you have to fill out. At the very top you’ll see how many forms are required for the given exam, in this case 3. By clicking submit at the bottom of each form after they are properly filled out the system will guide you to the next one until they are all completed.



I consent that AMI may perform the services listed on my prescription.
AMI will not sell or share your email address.

Acknowledge of Privacy Notice: I understand and have been provided (upon request) a Notice of Privacy Practices that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. AMI reserves the right to make changes to their Privacy Notice. Revised copies are available at all patient registration areas. By signing this form, I acknowledge that I have been afforded the opportunity to consider the AMI Privacy Notice prior to signing this consent and making health care decisions.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): I understand that the terms of this authorization are governed by HIPAA and other applicable state and federal requirements. I understand that I have the right to revoke this authorization at any time prior to the requested entity's compliance with the request. The revocation maybe subject to the entity's Notice of Privacy Practices and other policies. I understand that I am not required to sign this authorization and that AMI may not condition treatment or services based on my decision to sign this authorization. I understand that information disclosed by this authorization may be re-disclosed by the recipient and will no longer be protected by HIPAA. This authorization will expire upon release of the information described below.

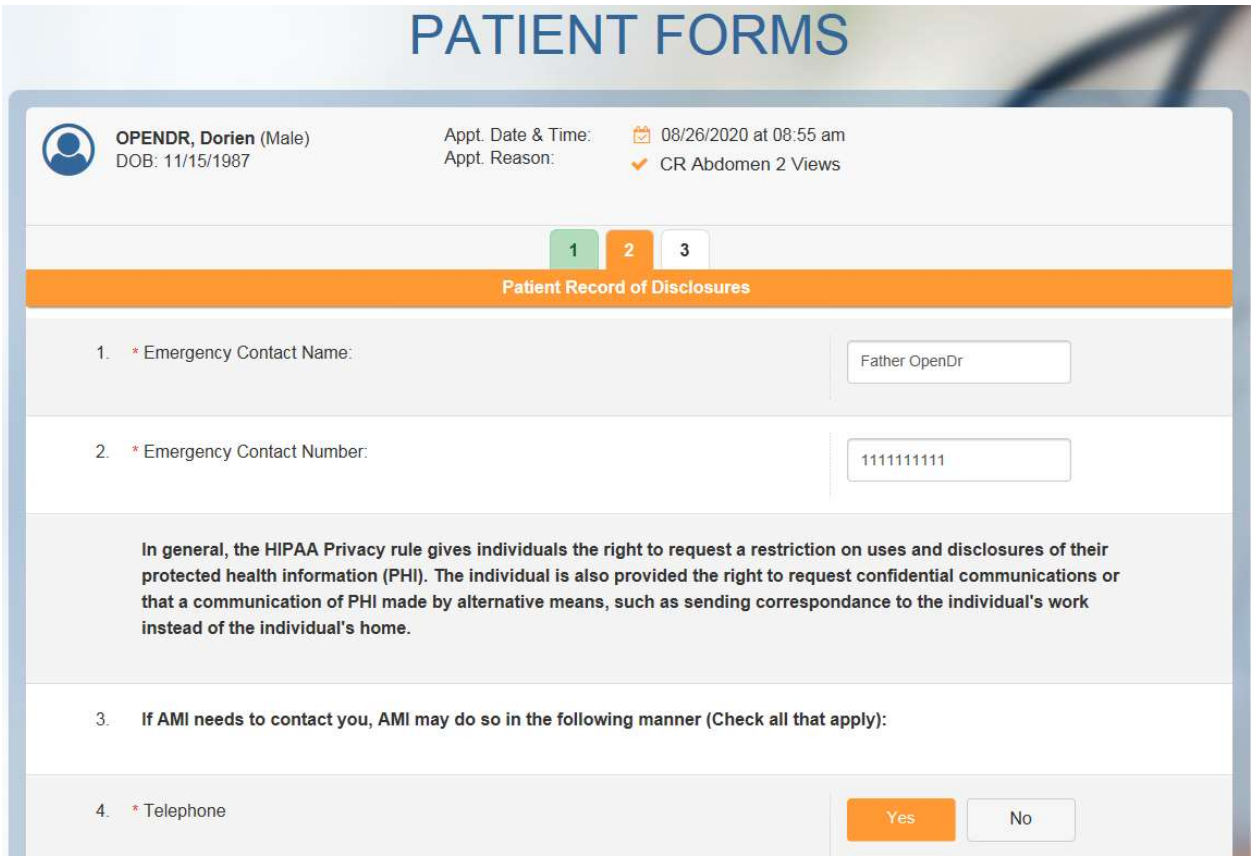
Advance Directive: You have the right to an advance directive. AMI, with specific admission criteria as an Ambulatory Health Care Facility, does not honor advance directives. I understand all efforts will be made to resuscitate patients for transfer to an acute care facility, where the advance directive will be followed. I understand that If I have an advanced directive, it is my responsibility to provide the staff at AMI with a copy of my directive on the day of service. I understand the staff at AMI can provide me with information on preparing an advance directive upon request.

I give, AMI, Permission to obtain my prior films, CDs and reports from:

Facility Name	Other Facility
Exam Name	Abdomen Xray
Date of Service	10/20/2019
* Patient/Parent/Guardian Signature	Dorien OpenDR
* Relationship to Patient	Patient / Parent / Guardian
* Date	08-21-2020

Cancel Submit

4. After submitting the prior form we are moved to the next one, which is seen by the highlighted 2 at the top. Form 1 is also color coded green showing it was completed.

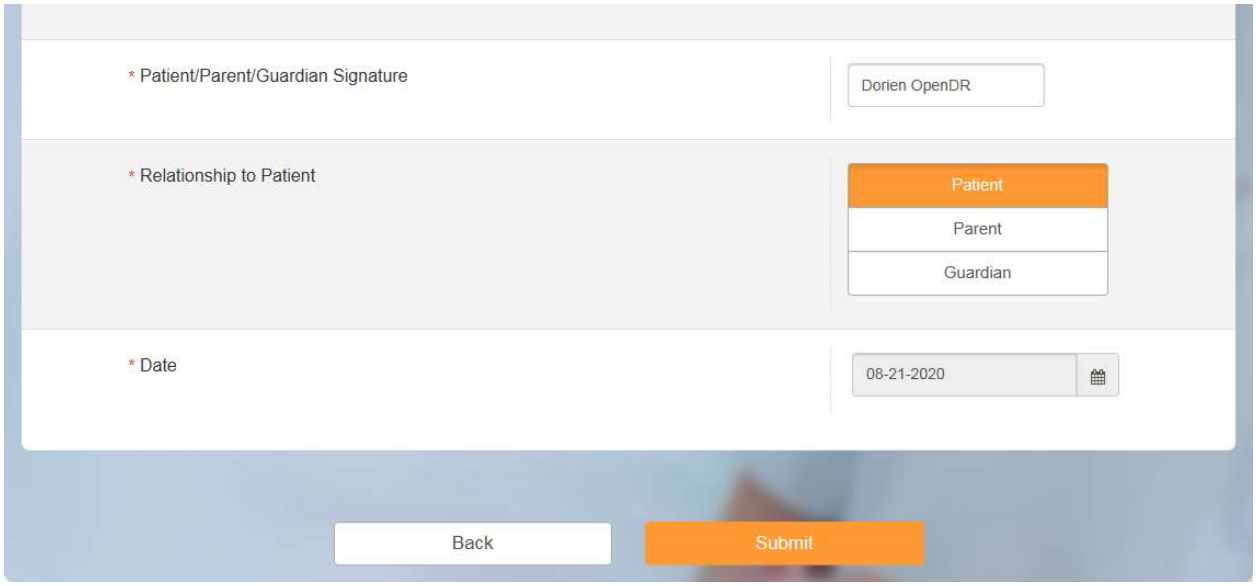


4.1. * Select Preference	Home / Cell Phone / Work
4.2. * Phone Number	8888888888
4.3. * Please select if it's okay to leave a message with detailed info or leave message with call-back number.	Leave Detailed Message / Only leave a call back number
5. * Written Communication	Yes / No
6. AMI may leave a message with:	
Name	Father OpenDR
Relationship	Father
7. Comments and Notes	Please enter here

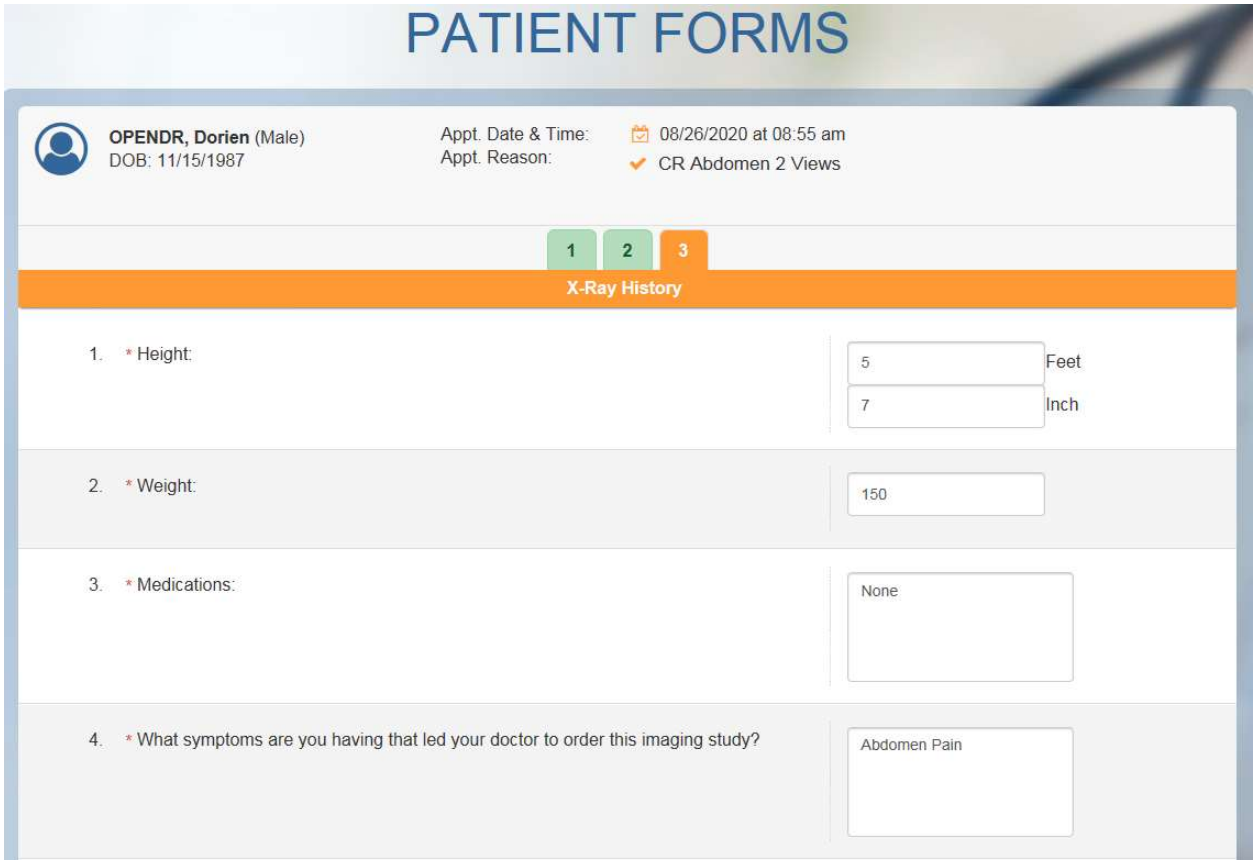
8. I hereby voluntarily authorize the disclosure of information from my health record to the following individuals. Please include all individuals including family member, friends and physicians.

Name and Relationship:	Father OpenDR
Name and Relationship:	Name and Relationship
Name and Relationship:	Name and Relationship
Name and Relationship:	Name and Relationship

This document is valid for one year from the date of signature. If you wish to make changes at any time please notify us in writing.


* Patient/Parent/Guardian Signature
Dorien OpenDR
* Relationship to Patient
Patient
Parent
Guardian
* Date
08-21-2020
Back
Submit

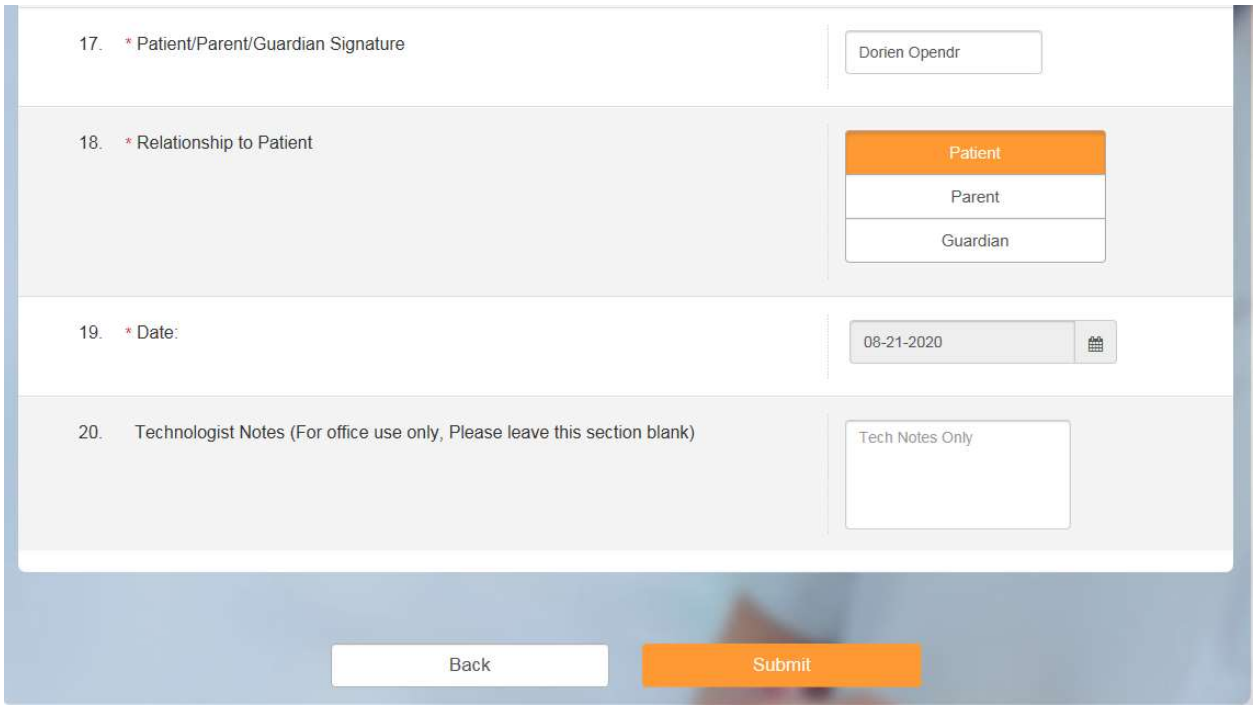
5. After submitting the prior form we are moved to the next one, which is seen by the highlighted 3 at the top. Forms 1 and 2 are also color coded green showing they were completed.



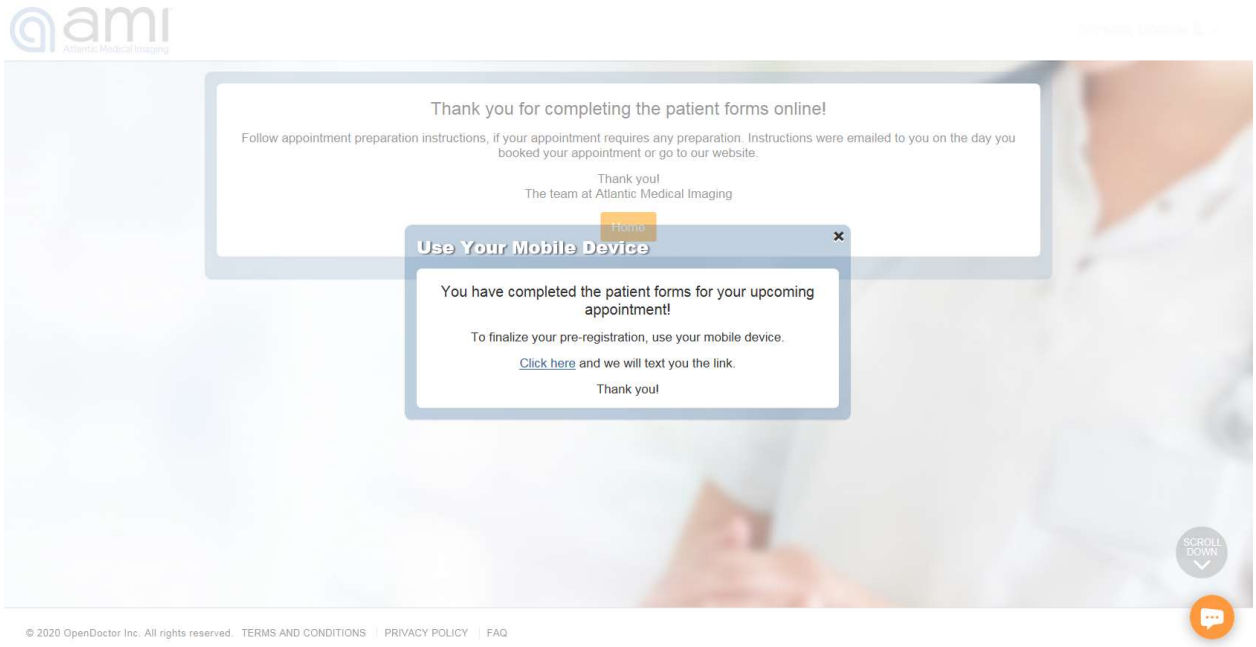
5.	* Encounter for today's exam:	Initial / Follow Up
6.	* On a scale of 1 to 10, how severe is your pain? * 1 being slight and 10 being severe.	5
7.	* How long have you had these symptoms?	2 Weeks
8.	* Are these symptoms related to trauma/injury?	Yes / No
9.	* Have you ever had surgery to the area being imaged today?	Yes / No
10.	* Any prior imaging to the area being imaged today? (CT, MRI, Ultrasound, CT/PET, Endo/colonoscopy)	Yes / No
10.1.	* When/Where?	Prior xray from Other Facility on 10/20/2019

*** Do you have a history of the following?**

11.	* Asthma:	Yes / No
12.	* Heart Disease:	Yes / No
13.	* Diabetes:	Yes / No
14.	* Smoking status?	Current / Never / Former
15.	* Cancer:	Yes / No
16.	* Allergies:	Latex


17. * Patient/Parent/Guardian Signature
Dorien Opendr
18. * Relationship to Patient
Patient
Parent
Guardian
19. * Date:
08-21-2020
20. Technologist Notes (For office use only, Please leave this section blank)
Tech Notes Only
Back
Submit

6. Completing all of your forms takes you to the following screen where you can chose to complete pre-registration on your phone or close out and return to the manage appointments screen.



7. Clicking to return home will show you the manage appointments screen. There you will see that the patient forms you completed will have a check mark and no longer be flashing.

From here you can choose to fill out forms for additional studies you may have, schedule another appointment, or log out when finished.