

# Community Surgical Workflow Guide

*"Better connected. Better informed.  
Better care for every patient."*



**EMORY**  
HEALTHCARE

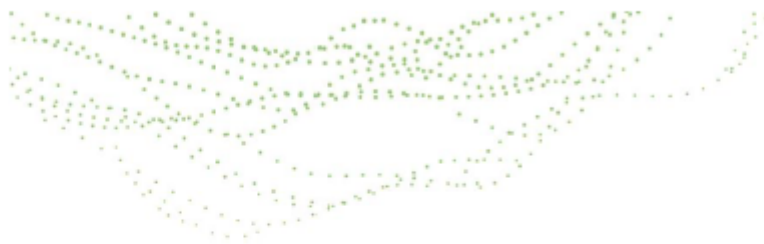
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# Working Together for Better Patient Care

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Understanding your workflow options and how Emory supports your practice.



## Emory Healthcare: Community Provider Overview

### Purpose

Emory Healthcare is committed to supporting community providers by offering flexible, efficient options for submitting referrals, orders, and surgical consents while strengthening coordination across the care continuum. Our approach is centered on **partnership, choice, and reliability**, ensuring providers can select workflows that best align with their practice operations while benefiting from improved visibility and turnaround times.

### What We Support

Emory Healthcare supports multiple submission methods for the following:

- Radiology orders
- Lab orders
- Referrals
- Surgical: Case request, Procedures, & Consents

These options are intentionally designed to maintain flexibility for provider practices while improving communication, tracking, and coordination with Emory care teams.

### Submission Options Available

#### 1. Emory Healthcare Link (Digital Option)

Emory Healthcare Link (aka EpicCare Link) is a secure, web-based portal available to practices that prefer a more integrated, digital experience. For many practices, it offers the most efficient way to submit and manage orders, referrals, and consents by enabling direct, real-time connectivity with Emory care teams, and access to patient clinical information.

#### Key benefits include:

- Direct electronic submission of orders, referrals, and surgical consents
- Real-time access to patient information and clinical updates

- Transparent tracking of order and referral status without follow-up calls or faxes
- Reduced administrative burden and improved turnaround times

Emory Healthcare Link is an option and is available for practices interested in enhanced digital coordination.

## 2. Fax Submission (Established Workflow Option)

Recognizing that practices operate differently, fax submission remains available for providers who prefer established workflows. This option continues to support:

- Radiology orders
- Lab orders
- Referrals
- Surgical: Case request, Procedures, & Consents

Maintaining fax as an option ensures continuity and flexibility while still enabling coordination with Emory teams.

Central Scheduling (Includes Radiology)	855-255-8060
IV Therapy Clinic	866-439-0210
Cardiology (HHI)	855-673-7187
Lab	478-542-7890
Ambulatory Surgery Center	478-329-3454
Warner Robins OR	478-975-5229
Warner Robins Endo	478-322-4886
Warner Robins Outpatient Surgery	478-975-6908
Perry OR	478-218-1748
Pain Clinic	478-329-3350

## 3. Oncology Infusion Orders (Chemotherapy)

As part of our patient safety best practices, all oncology infusion orders should be entered via Epic. For infusions already scheduled between now and 6/30/26, all ongoing oncology treatments will be entered into Epic by an oncology pharmacist in coordination with the prescribing oncologist. Given the one-week minimum lead time required for prior authorization, any orders that need to be resubmitted should be prioritized immediately to avoid delays in patient infusions.

## 4. Non-oncology Infusion Orders

As part of patient safety best practices, we are introducing important changes to non-oncology infusion orders.

**New orders starting 5/30/26**

- Credentialed providers will enter non-oncology infusion therapy plans via Epic.
- Non-credentialed providers may obtain the Emory Healthcare non-oncology infusion orders form (<https://www.emoryhealthcare.org/iv-therapy-order-sets>) and fax to (866-439-0210).
- All oncology infusion orders will need to be entered via Epic.

**Infusions already scheduled between now and 6/30/26 (action needed now)**

Please download the [Emory Healthcare non-oncology infusion order forms](#) and fax the order to 866-439-0210. Any orders that do not use the standardized Emory Healthcare infusion order form will not be processed after May 18, 2026.

Please ensure that all staff who place infusion orders are aware of this change and have access to the correct order forms.

## Our Commitment to Community Providers

Emory Healthcare remains focused on making it easier for community providers to connect with Emory teams and deliver coordinated, high-quality care. Whether practices adopt EpicCare Link or use other supported submission options, our priority is supporting efficiency, reliability, and patient-centered collaboration while also partnering with practices to transition workflows where required.

## Getting Started or Learning More

Providers interested in exploring Emory Healthcare Link or who want guidance on determining the best submission option for their practice can contact the Emory Medical Staff Office or leverage the QR code below for personalized assistance and onboarding support tailored to their pace and preferences.





# Provider Surgical Workflow via Hyperspace

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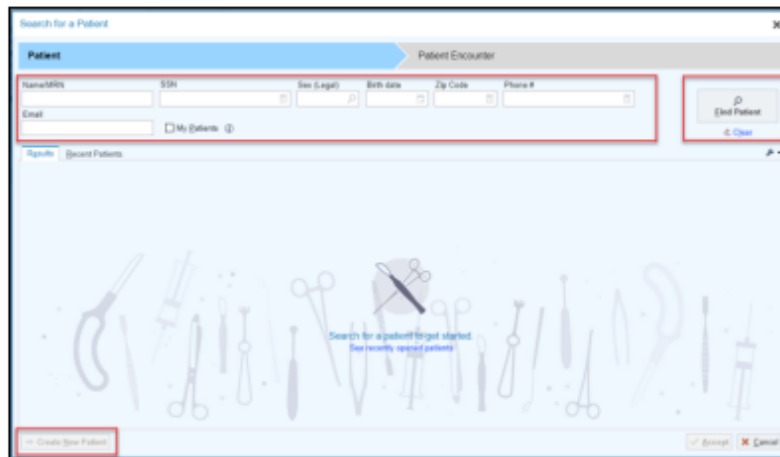
Instructions for providers to enter surgical cases using Emory's electronic medical record system, Epic.

# Prep for Procedure

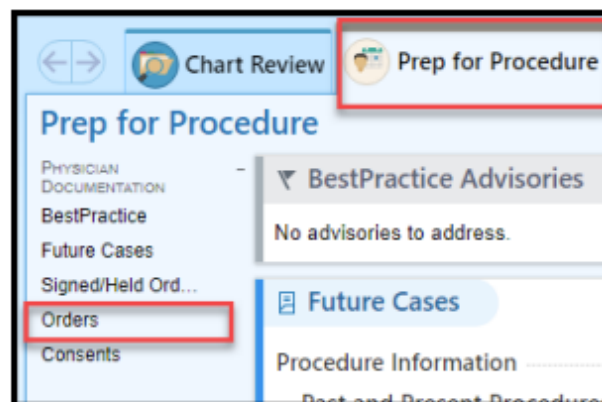
- 1) Click **Prep for Procedure** activity tab. Here, you can do things like review the patient's consent form, place orders for the surgery, and write an H&P note.



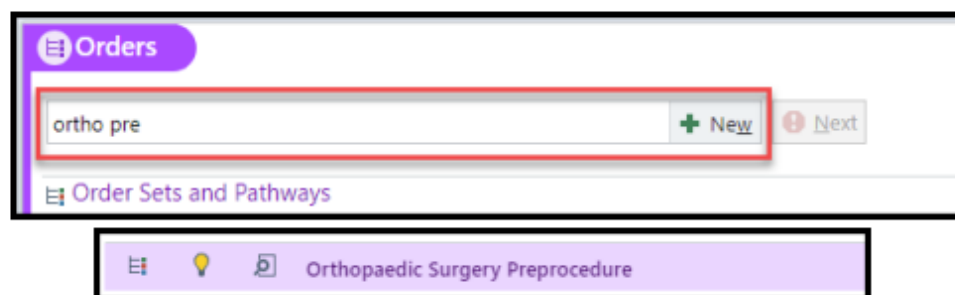
- 2) Search for patient. If patient is not in Epic, click the **Create New Patient** button.
  - a. **Note:** The Create New Patient button will undiliter after attempting to search for the patient first



- 3) In the Prep for Procedure activity, open the **Orders** section.



- 4) Search and select your specialty Preprocedure Order Set, enter a keyword in the **+ New** field.



5) Within the Order Set, select the appropriate orders for your patient, including your **Case Request**.

The screenshot shows the 'Orthopaedic Surgery Preprocedure' form. At the top right, there are links for 'Manage User Versions' and 'Remove Order Set'. Below this is the 'Case Request' section with a 'Sign' button. The form contains several input fields: 'Location', 'Date', and 'Patient Class'. A red arrow points to the 'Case Request Operating Room' checkbox. Below this is a 'Panel 1 - General Surgery' section with a search for diagnosis and an 'Add' button. Further down, there are sections for 'Additional Procedure(QT3)', 'Requested providers', 'Special Request', and 'Add on visit?'. At the bottom, there are checkboxes for 'High risk to patient', 'Minimal risk to patient', 'Moderate risk to patient', 'No risk to patient', and 'Significant risk to patient'. A red box highlights the 'Sign' button at the bottom right.

6) After entering and accepting the details of your **case request**, select any **additional orders** within the order set, and when you're finished, click **Sign**

- After signing, associate orders with the appropriate diagnoses if prompted.

The screenshot shows the 'Orders' page. At the top, there is a search bar for 'Place orders, order sets, or pathways' and a 'Sign' button. Below this is the 'Order Sets and Pathways' section. The 'Orthopaedic Surgery Preprocedure' order set is selected. Underneath, the 'Case Request' section is expanded, and the 'Case Request Operating Room' checkbox is checked. A red box highlights the 'Sign' button at the top right. Below the 'Case Request' section, there are sections for 'Code Status', 'Before Day of Procedure', 'Labs', 'Blood Product Preparation', 'Imaging', 'Medicines', and 'Antiemetics'. Each section has a 'Click for more' link.

# Introduction to Emory HealthCare Link

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Overview of electronic workflows that support surgical processes and community provider connectivity.



## EpicCare Link- Surgery Cases.

### What is EpicCare Link?

- EpicCare Link is a secure portal used by community providers and their staff to coordinate surgical care with Emory Healthcare.

### What can you do in EpicCare Link:

- Submit surgical case requests
- Upload required clinical documentation (e.g., H&P, labs, imaging results)
- Complete electronic consents (eConsent)
- Place supported clinical orders (based on access)
- Create a patient shell for new patients (automatically creates a record in Epic)

### Surgical Scheduling

- Community providers may submit surgical case requests through EpicCare Link, depending on access.
- Supporting documentation (H&P, results, consents) may be uploaded through EpicCare Link whenever possible.
- **Note:** Endoscopy appointments *should not be* submitted via EpicCare Link.
  - Community Providers that perform Endo procedures in Emory will have hyperspace access and follow the same workflow as our Emory providers

### How should information be submitted?

- **Use EpicCare Link**
  - Create patient record for new patients
  - Create Case or procedure requests
  - Uploading documentation
  - Electronic consents
- **Send Fax**
  - Fax Numbers:
    - **Emory Hospital Perry** – 478-218-1748
    - **Emory Hospital Warner Robins** - 478-542-7929
    - **Emory ASC** - 478-329-3454

### **Required Documents (Prior to Surgery)**

The following documents may be required prior to a surgery:

- History & Physical (H&P) - required
- Consents - required
- Labs, Imaging, Reports
- Any additional information pertinent to the surgery

*\*Office staff with EpicCare Link access may upload documents on behalf of the provider.*

### **Orders & Preprocedural Planning**

- Clinical orders are entered by providers, not by schedulers.
- Pre-procedure orders may be placed in Epic prior to the surgery.
- In some workflows, orders may be completed on the day of the procedure by the surgeon.

### **Provider Responsibilities**

Community providers are responsible for:

- Ensuring H&P and required documentation are submitted
- Obtaining patient consent (electronic consent preferred)
- Placing orders when indicated and supported

### **Quick Workflow Example (Elective Surgery)**

1. Submit case request in EpicCare Link or via fax
2. Upload or fax H&P and supporting results
3. Complete e-Consent (if available)
4. Place orders (if applicable)

### **Need Help or Access?**

For EpicCare Link access, training, support, or additional workflow guidance, please use the resources below:

**Support & Assistance:** <https://www.emoryhealthcare.org/medical-professionals/carelink>

# **New Account Request for Emory HealthCare Link**

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Instructions for requesting new site access and  
new user access.

## New Account Request (NAR)

### Request New Account

- Navigate to the Emory Healthcare Link Log-in page: <https://carelink.emoryhealthcare.org>
- Click 'Request New Account'



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- Select and open the appropriate request:
  - If requesting access for a new site/practice, click on '[Request access for a new site](#)'.
  - If requesting access for a new user, click on the appropriate member role.
  - Complete the request information. Red circle is required. Yellow triangle is recommended.



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### Document Upload

- 'Site Agreement' is required for each new site request.
- 'User Confidentiality and System Access Terms' agreement is required for each new user request.
- To Electronically Sign the documents, under 'Other', open the hyperlink for 'New Site Agreement Form' or 'New Confidentiality Agreement'.
- Save the document, electronically sign, date and answer questions surrounding the signatures. Click save again. Documents may also be forward to user for signature and returned to requester for upload.
- Click 'Add files' and upload the newly saved document. (complete steps for each required document upload)
- To Print the document for a wet signature, under 'Other', open the hyperlink for 'New Site Agreement Form' or 'New Confidentiality Agreement'. Click the printer icon in the right upper hand corner.
- After signatures are complete, scan the document in electronically, save the document and click 'add files'. Here you will be able to upload the newly signed document.

Country:

**Other**  
Download our [New Site Agreement Form](#), complete and upload it below.

Attachments:  **Add files**

**Other**  
Download our [New Confidentiality Agreement](#), complete and upload below.

Attachments:  **Add files**

100.0 MB Total Allowed 0 Files

**Designate a Site Admin**

When completing the 'Request access for a new site' process, assign at least one user as the Site Administrator. Do this by placing a check in the box to the left of 'Make this user a site administrator'.

*The Site Administrator is responsible for maintaining a site records.*

**Site Administrator**

A site administrator is the person responsible for maintaining a site's records. These responsibilities include verifying that user accounts are current, deactivating the accounts of users who are no longer active at the site, and submitting requests to activate new user accounts. Every site must have at least one administrator.

Make this user a site administrator

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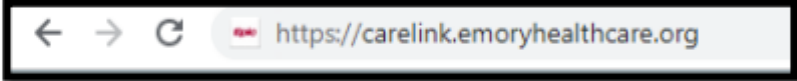
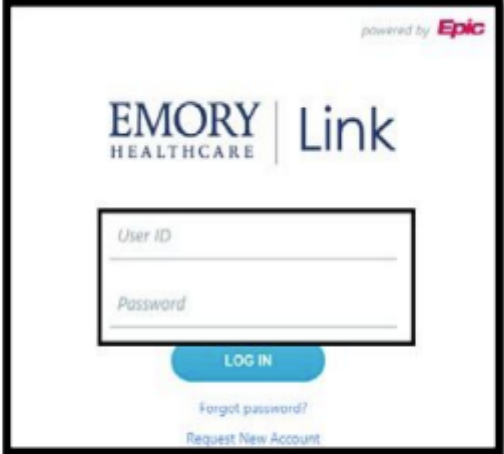

# Logging In to Emory HealthCare Link





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Instructions for logging in, changing passwords, and setting up two-factor authentication.

## How to Log-In

### Steps to Log-In:

<p>1 Select or copy/paste this URL into a browser such as Chrome:  <a href="https://carelink.emoryhealthcare.org">https://carelink.emoryhealthcare.org</a>  <b>Note:</b> Internet Explorer is not supported</p>	 <p><i>Recommend saving as a favorite</i></p>
<p>2 Enter <b>User ID</b> = Work email.  <i>This is the email submitted with your request. If you have questions about your email. Contact your Site Administrator.</i></p>	
<p>3 Enter <b>Password</b>= Initial password is a combination of:</p> <ul style="list-style-type: none"> <li>• First 3 letters of your Last name with the <b>First Letter a capital</b></li> <li>• Your birth year</li> <li>• Two # symbols</li> </ul> <p><i>Example: Sally Jones, birth year 2000 Password is Jon2000##</i></p>	
<p>4 <b>Change Password</b>  <b>Old password</b>=Initial Password from above.  <b>New password</b> = (9 characters to include <b>one Capital letter, one Numeric, and one Special character</b>)  <b>Re-enter new</b>= New Password Select "Accept"</p>	

<p><b>6 Set up Two-Factor Authentication (2FA)</b>  <b>Choose Your Authentication Method</b></p> <p>Emory recommends DUO however any 2FA authentication vendor will do.  <b>Reminder!</b> you will want to open your 2FA application (app)</p>	 <p>© 2023 Epic Systems Corporation</p>
<p><b>7 Set up account</b>          Open up your 2FA Application and follow the instructions for setting up account.</p> <p><b>Note:</b> The screenshot is an example of Mobile App</p>	 <p>© 2023 Epic Systems Corporation</p>
<p><b>8 Enter Passcode</b>          Displayed from your 2FA Application Select "Verify"</p>	 <p>© 2023 Epic Systems Corporation</p>
<p><b>9 A reset code will appear on this view.</b>  <b>Recommendation:</b> You write down the code. You may need it in the future.</p> <p>Select "Finish"</p>	 <p>© 2023 Epic Systems Corporation</p>

# Accessing Patients Charts in Emory HealthCare Link

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Steps for locating existing patient charts or creating a new patient chart.

# Accessing Patient's Chart

## Select your patient's chart

Select **Patient**. Search using the patient list in **My Patients** or use the **Name or MRN** search bar.

The screenshot shows the 'Patient Search' interface. On the left is a 'Select Patient' button with a magnifying glass icon. The main area has three tabs: 'Search My Patients', 'Search All Patients', and 'Create a New Chart'. Below the tabs is a search bar labeled 'Name or MRN' with a search icon. Below the search bar is a section for 'Additional search criteria' with a 'Filter by primary care provider' dropdown. At the bottom, a table header is highlighted with a red box, showing columns for Patient Name, MRN, Patient Stat..., Sex, DOB, Street Address, SSN, and Phone. The 'My Patients' tab is also highlighted with a red box.

## Find your patient's chart

Select **Search All Patients** tab. Complete required fields and select a reason in the **Reason** field. Select **Accept**.

The screenshot shows the 'Search for Patient' form. The 'Search All Patients' tab is selected. The form contains the following fields: Name, Sex, Birth Date, SSN Last 4, MRN, Member ID, ZIP Code, and Medicare Beneficiary Identifier/Ser. Red error icons are visible above the Name and Birth Date fields.

The screenshot shows the 'Reason' field. The 'Reason' dropdown is open, showing a red error icon. The 'Select' button is visible at the bottom right.

## Create an Emory chart

If you cannot locate your patient and need to place an order for the patient to receive services at Emory Healthcare, select the **Create a New Chart** tab. Complete required fields and select **Create Chart**.



Fill out the required fields to create a new patient/member chart.

**Create Patient Chart**

Form fields for creating a patient chart, including:

- Names (First, Last, Middle)
- Sex
- SSN
- Birth Date
- Address (Street, City or ZIP, State, ZIP, County)
- Home Phone
- Mobile Phone
- Medicare Beneficiary Identifier
- Work Phone
- Member ID
- Employer
- Contact Name
- Contact Relationship
- Contact Mobile Phone
- Contact is Legal Guardian

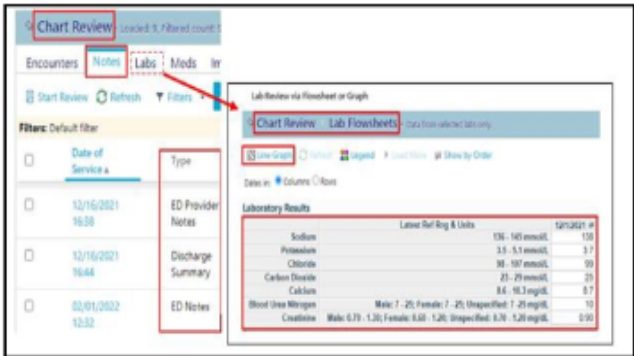
Form fields for creating a patient chart, including:

- SSN
- Birth Date
- Address (Street, City or ZIP, State, ZIP, County)
- Home Phone
- Mobile Phone
- Medicare Beneficiary Identifier
- Work Phone
- Member ID
- Employer
- Contact Name
- Contact Relationship
- Contact Mobile Phone
- Contact is Legal Guardian
- Reason
- Comment

Buttons: **Create Chart**, **Clear**

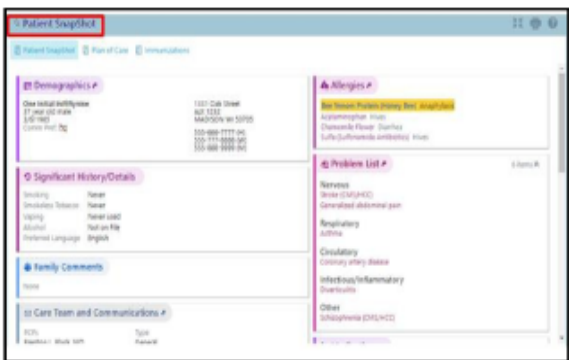
## Review Patient Data

Open **Chart Review**. Select on tabs to open corresponding data.



- Review Results- Labs and Radiology
- Notes- Admission & Discharge Summary, Progress Notes
- Encounters
- Referrals
- Labs, Meds, Imaging, Procedures

Open **SnapShot**. Scroll chart for Demographics, Allergies, Problem List, History, and Immunizations. Hyperlinks drive to additional details.



# **Sending & Receiving Electronic Messages in Emory HealthCare Link**

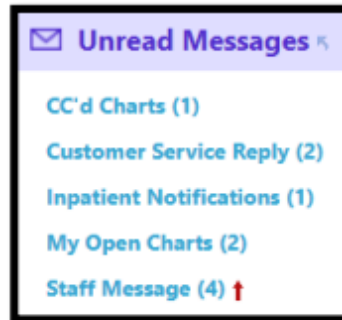
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Instructions for securely sending messages to Emory care teams and reviewing received communications.

## In Basket View and Send Messages

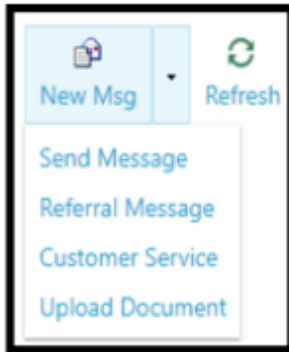
### View Message

On the Home page, click **In Basket** located in top tool bar or click **Unread Messages**.



### Send Message

Open **In Basket**. Click **New Msg.** and select Message Type from the drop down. **Add patient** by clicking Magnifier Glass.



# In Basket Notifications

## Notifications

Click on **Menu>Settings>Notification Preferences**. Enter preferred email address and Telephone number to receive notifications. Check email or text for delivery method. Click on **Event Settings** to specify notifications to receive. Choose **Event Filter, Relationship Filter** and **In Basket Settings**.



## NOTIFICATION PREFERENCES



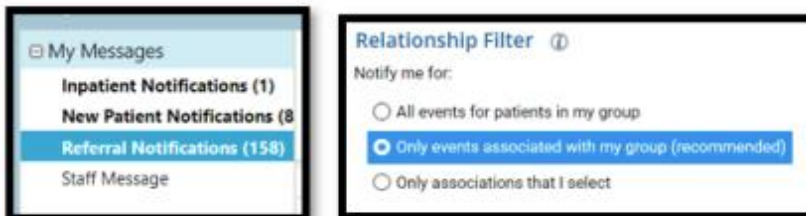
Click **Email or Text** to **Select or Deselect a notification setting**. A check mark & blue highlight indicates you will receive the selected notification via the designated email address/text number you entered.



## EVENT SETTINGS

Sends messages to the In Basket based on selected Events & Filters.

The defaulted (*recommended*) relationship populates events associated with your group to the In Basket



Prevent messages from populating the In Basket, click 'Only associations that I select' & **do not** select any associations to the right. See red X. **do not check this box.**



**Outpatient Notifications**

If the patient is not admitted during a hospital outpatient visit, notification now appear in the **Outpatient Notifications** in Basket folder.

If the patient is admitted during a hospital outpatient visit the notifications will still go to the **Inpatient Notifications folder**.

**\* Remember that you can choose which types of events you want to be notified about from your Event Settings (Menu > Settings > Event Settings).**

My Messages ▶ Outpatient Notifications							
New Msg	Refresh	Reply	Forward	Done	Print Selected	Select Patient	Event Monitor Settings
<input type="checkbox"/>	Status	Patient	Event Type	Visit Date ▼	Department		
<input type="checkbox"/>	Read	Harris, Raya	Appointment Checked-In	03/03/2023	HOD		
<input checked="" type="checkbox"/>	Read	Harris, Raya	Note Signed	03/03/2023	HOD		

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# Placing Orders in Emory HealthCare Link

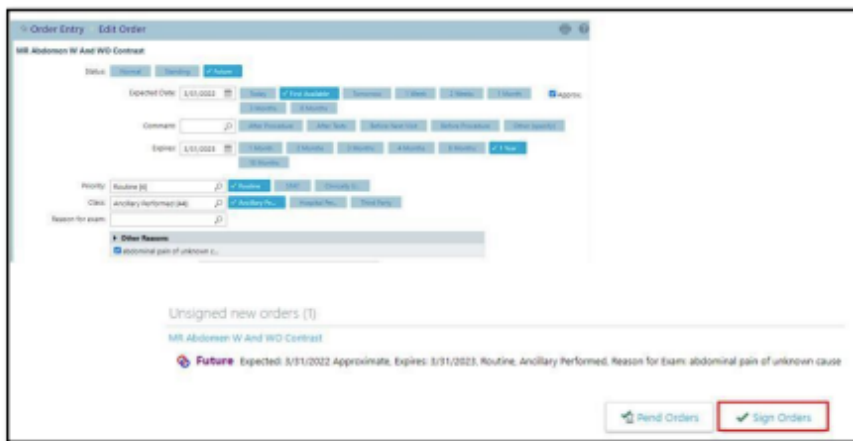
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Instructions for electronically entering lab and imaging orders.

## Placing Orders

From the patient's chart, select **Order Entry** tab. Select an **Authorizing Provider** & Select **Accept**.

Select **Preference List** for list of available orders then place a check next to desired order(s), Select **Accept Order**. Complete order details, review & **Sign Orders**



For more information on placing orders please refer to the **Placing an Order** Video found under **Quick Links** upon logging into Emory Healthcare Link

# Placing Referral Orders in Emory HealthCare Link

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Steps for entering referrals electronically

## Placing a Referral

When a provider wants to refer a patient to an Emory provider, they can do so by placing a referral. Navigate to the **Place Order** button from the Home page or within the patient chart use **Order Entry** function.

Next, use the **New Procedure Search** field and type in the word 'referral' or the desired specialty name.

The screenshot shows a search interface with a 'New procedure' search box highlighted in red. Below the search box, it indicates 'Unsigned new orders (0)' and 'Orders signed in this encounter (0)'. A link for 'Dr. Association' is visible at the top left, and a patient identifier 'Dr. Epiccare Link, Physician, MD - GHN TEST CLINIC' is shown at the top right. A message at the bottom says 'No unsigned orders' and 'Don't see the order you're looking for? Try Order Review'.

The screenshot shows the 'Order Entry' screen with a list of referral procedures. The list is titled 'REFERRAL' and includes columns for Name, Type, Prof/Unit, Code, Resulting agencies, and Comment. A red box highlights the first few items in the list, including 'Joint referral to Pediatric Ophthalmology', 'Ambulatory referral for Acupuncture', and 'Ambulatory referral to Anticoagulation - Warfarin Monitoring'.

Name	Type	Prof/Unit	Code	Resulting agencies	Comment
Joint referral to Pediatric Ophthalmology	Referral	EHC A.	80116		
Ambulatory referral for Acupuncture	Referral	EHC A.	821		
Ambulatory referral to Anticoagulation - Warfarin Monitoring	Referral	EHC A.	80111		
Ambulatory referral to Anticoagulation - DOAC Monitoring	Referral	EHC A.	80123		
Ambulatory referral to Anticoagulation - Lowessin Monitoring	Referral	EHC A.	80187		
Ambulatory referral to Bariatrics	Referral	EHC A.	80171		
Ambulatory referral to Cardiac Rehab	Referral	EHC A.	80155		
Ambulatory referral to Cardiology	Referral	EHC A.	80112		
Ambulatory referral to Cardiothoracic Surgery	Referral	EHC A.	80113		
Ambulatory referral to Colorectal Surgery	Referral	EHC A.	80117		
Ambulatory referral to Dermatology	Referral	EHC A.	80118		
Ambulatory referral to Diabetes Education	Referral	EHC A.	80128		
Ambulatory referral to ED4 Transitions	Referral	EHC A.	80165		
Ambulatory referral to Endocrinology	Referral	EHC A.	80122		
Ambulatory referral to ENT	Referral	EHC A.	80123		
Ambulatory referral to Family Medicine	Referral	EHC A.	80124		
Ambulatory referral to Gastroenterology	Referral	EHC A.	80125		
Ambulatory referral to General Surgery	Referral	EHC A.	80127		
Ambulatory referral to Genetics	Referral	EHC A.	80128		
Ambulatory referral to Geriatrics	Referral	EHC A.	80129		

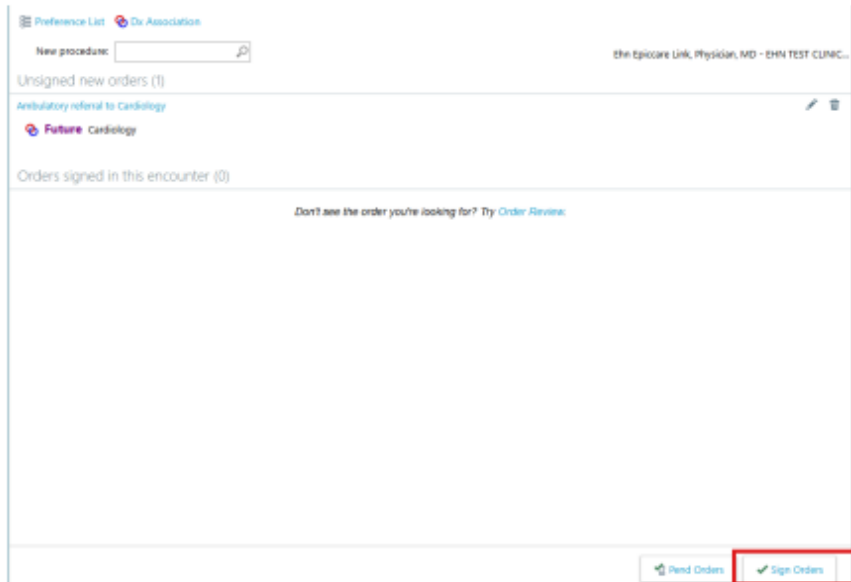
Fill out the referral order form with as much information as possible. The **Questions** box, asks details around specialty, scheduling priority and clinical questions.

The screenshot shows the 'Order Entry' form for an 'Ambulatory referral to Cardiology'. The form includes fields for 'Referral' (To dept spec, To dept, To prov spec, To provider, Address) and a 'Questions' section with four numbered questions: 1. Specialty (dropdown), 2. Scheduling priority (dropdown), 3. My clinical question is (text area), and 4. Notify me of scheduling updates (internal referrals only) (checkbox). A 'Comment' field is also present. At the bottom, there is a 'Dr. association' section with a 'Quick Pick' list of conditions and their associated codes.

On the order details screen the **"To dept spec"** field is autopopulated based on the type of referral. You also have the ability to send to a specific department, provider specialty and/or provider. If you choose to refer to a specific provider you will be given the option to choose a preferred location within the **"Address"** field.

After submission of the form, the referral will reflect under **Unsigned new orders**.

If all is complete and one would like to submit the referral then select the **Sign Orders** button in the bottom right corner of the screen.



The workflow after successful submission of the referral include:

1. The Order routes to the "Referral to Specialty" work queue
2. Outreach to Patients
  - a. Patients will either receive outreach via automated call or live outreach.
    - i. Automated Calls
      1. Patients will receive a call/text the day after their order is placed, again the following day, 1 week later, and 2 weeks (if they haven't scheduled).
    - ii. Live Calls
      1. In-clinic staff are responsible for managing referrals in their work queue and performing outreach to patients.
4. Referring to providers using Emory Healthcare Link will receive notifications of scheduling status via In Basket. After the last attempt of outreach with the patient being unresponsive our Emory Healthcare team will not attempt to reach out again. Therefore, it is the facility or patient responsibility to schedule the referral.

# Electronic Consents in Emory HealthCare Link

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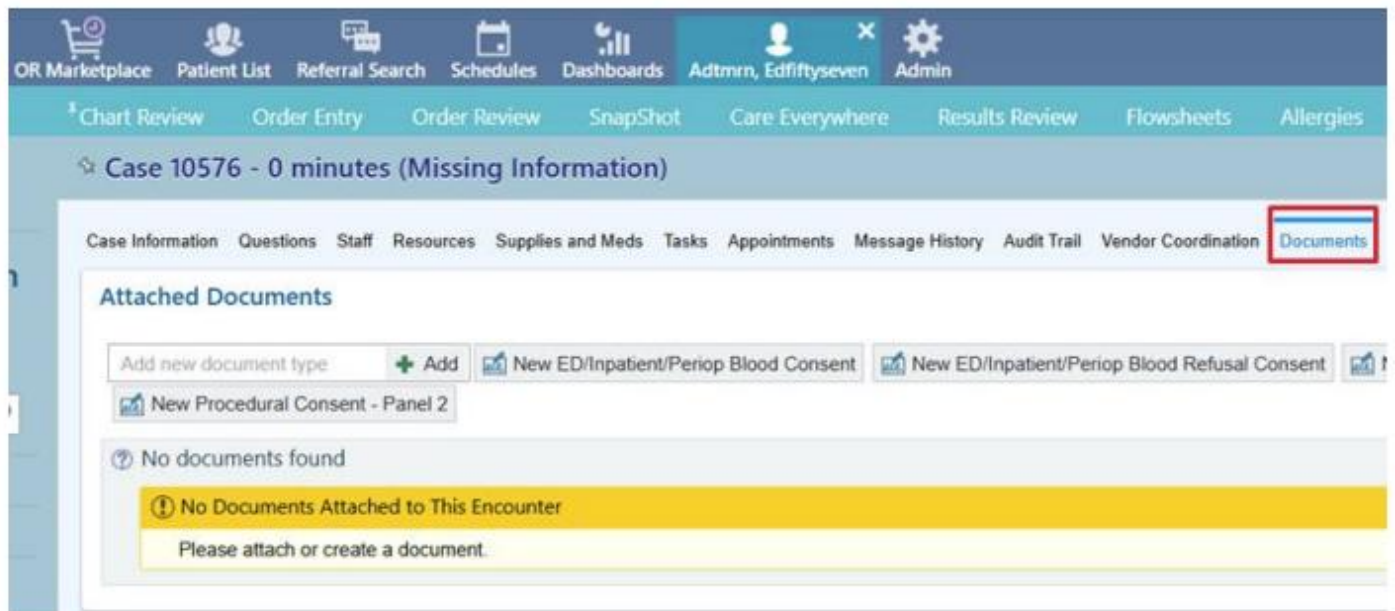
Complete standard treatment consents electronically using Emory HealthCare Link.

# Emory Healthcare Link Surgery E-consent Tip Sheet

Epic's e-consent (e-signature) functionality lets clinicians create, edit, and collect electronic consents that pull patient data from the chart, store signatures with the visit, and enforce required-question completion before signing. This tip sheet describes how to create an e-consent using Emory Healthcare Link.


## Try It Out

1. Create the case using the steps outlined in the **Case Entry Tip sheet**.
1. Open the newly created or previously created case.
2. Select **Documents** from the Scheduled Case Activity toolbar.



3. Select the appropriate consent.
4. Update all required fields.
5. Capture required signatures using the E-Signature Document Collector.
2. The provider signs the e-consent in Haiku on their personal devices or using the signature pad, when available, before allowing patients to sign.

3. Select the **Patient** button to text/email the e-consent link to the patient for signature using their personal device.

 When an installed e-signature pad is available, it should be used as the preferred option. **It is the APP or MD's responsibility to consent to the patient while staff can assist with facilitating signature.**

6. Select **Accept**.

Document Type	Description
Encounter Documents	
Procedural Consent	(Left) Arm Infected Graft Excision

*The completed e-consent now appears in the Encounter Documents section and is also accessible within the patient's Emory Healthcare chart.*

To submit an Emory Healthcare Link issue, please log an issue at:

<https://emoryhealthcare-pub.kinops.io/#/ehc-link-pub>

# Uploading Documents in Emory HealthCare Link

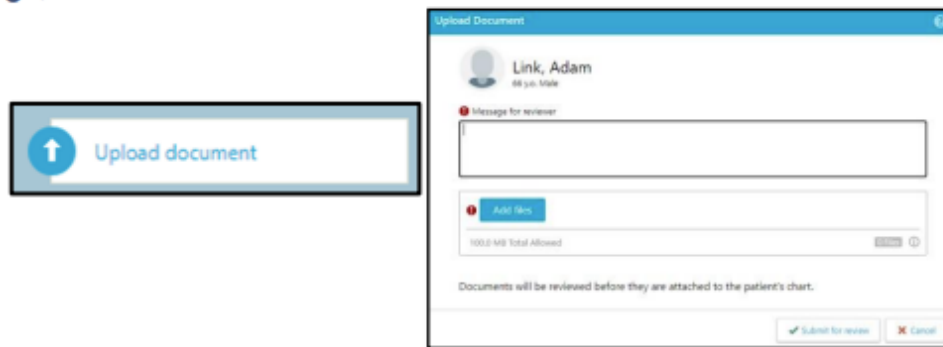
---

Upload surgical supporting documents quickly  
and securely.

## Uploading Documents

### Upload a Document

From within a patient's chart, Select **Upload document** located in bottom left-hand corner. **Create message, add files** and Select **Submit for review**.



**IMPORTANT:** The Emory HIM team has a turnaround time of 24 hours before the uploaded document is visible in the patient's Emory Chart.

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# OR Surgery Orders via Fax

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Instructions for documenting and submitting surgical case requests via fax.

(Patient Label)

**MANDATORY - All Highlighted areas. If not complete, case will not be scheduled**

## **OR SURGERY – DOWNTIME SCHEDULING REQUEST**

**Please fax this form to the appropriate location:**

**ASC:** 478-329-3454

**WR:** 478-975-5229

**WR Endo:** 478-322-4886

**WR Outpatient:** 478-975-6908

**Perry OR:** 478-218-1748

**Pain:** 478-329-3350

**Patient Information:** (Name must match that on their license/passport)

<b>Patient Last Name:</b>		<b>Patient First Name:</b>		Middle:
<b>DOB:</b>		<b>Gender:</b>		
<b>Home Address:</b>				
<b>City:</b>	<b>State:</b>	<b>Zip:</b>		
<b>Home Phone:</b>	<b>Cell:</b>	<b>Work:</b>		

**General Information**

<b>Date of Service:</b>	<b>Time:</b>	<input type="checkbox"/> <b>Outpatient</b>	<input type="checkbox"/> <b>Inpatient</b>	<input type="checkbox"/> <b>Surgical Admit</b>
<b>Surgeon:</b>		Assisting Surgeon (same specialty as surgeon):		
Additional Surgeon (Different Specialty than others):		Additional Surgeon (Different Specialty than others):		

**Procedure Information:**

<b>ICD 10 Codes:</b>
----------------------

<b>CPT CODE (PRIMARY, SECONDARY, ETC.)</b>	<b>CPT/Procedure Description</b>	<b>Laterality:</b>			
		Left	Right	Bil	N/A
		Left	Right	Bil	N/A
		Left	Right	Bil	N/A
		Left	Right	Bil	N/A

Expected Surgery Length:		Fluoro / C-Arm Needed:
		YES      NO
Special Needs, Comments & Instructions – Positioning / Request for Instruments and Equipment / Anesthesia Type / Acuity (Time-Based):		

**Is a Hospital Bed Required?** (Circle one)

ICU Bed Required	Non-ICU Bed Required	No Bed Required
------------------	----------------------	-----------------

**Effect on Short-Term Delay on Outcome?** (Circle one)

Minimum Risk to Patient	Moderate Risk to Patient	High Risk to Patient
-------------------------	--------------------------	----------------------

**In-Person Pre-Admission Testing Needed?** NO? YES?- place date and time below. (If so, then Guidelines can be Requested Through Schedulers.)

Desired Date:	Desired Time:

**Billing Type:**

<input type="checkbox"/> Fully Cosmetic	<input type="checkbox"/> Partially Cosmetic	<input type="checkbox"/> Other Billing (See Below)
Billing Comments:		

<b>Physician's Signature:</b>	<b>Date:</b>

**IS THIS A MULTI-SURGEON CASE?** Yes / No

IF yes, then each surgeon MUST complete this scheduling form. The forms MUST be sent in together. Why? If sheets come in separately, it will look like two different cases and be posted as two different cases. When the other surgeons request comes in, we may not have enough time on the schedule to add the next procedure.]

What is the Total Length of the Case for All Surgeons Times Combined?

# Endo Surgery Orders via Fax

---

Instructions for submitting new endoscopy surgery requests via fax.

(Patient Label)

## ENDO SURGERY - DOWNTIME SCHEDULING REQUEST

**MANDATORY – ALL highlighted areas must be answered or request will not be scheduled and sent back.**

**Please fax this form to the appropriate location:**

ASC: 478-329-3454

WR: 478-975-5229

WR Endo: 478-322-4886

WR Outpatient: 478-975-6908

Perry OR: 478-218-1748

Pain: 478-329-3350

### Patient Information (Name must match that on their license/ passport)

Patient Last Name:		Patient First Name:		Middle:
DOB:		Gender:		
Home Address:				
City:	State:	Zip:		
Home Phone:	Cell:	Work:		

### General Information

Date of Service:	Time:	Outpatient <input type="checkbox"/>	Inpatient <input type="checkbox"/>	Surgical Admit <input type="checkbox"/>
Surgeon:		Assisting Surgeon (same specialty as surgeon):		
Additional Surgeon (Different Specialty than others):		Additional Surgeon (Different Specialty than others):		

### Procedure Information

ICD 10 Codes:
---------------

CPT CODE (PRIMARY, SECONDARY, ETC.)	CPT/Procedure Description	Laterality:			
		Left	Right	Bil	N/A
		Left	Right	Bil	N/A
		Left	Right	Bil	N/A
		Left	Right	Bil	N/A
Expected Surgery Length:	Fluoro / C-Arm Needed:	Yes	No		
Comments & Instructions / Request for Instruments / Equipment:					

**What Are the Procedure Interventions? At Least One Procedure Should be Circled to Schedule the Case.**

**Colonoscopy Interventions**

Biopsy/Brushing/Washing	Decompression	Diagnostic	Dilation
Endoscopic Mucosal Resection (EMR)	Fecal Microbiota Transplant	Foreign Body Removal	Hemorrhage Control
Hemorrhoid Banding	Polyp/Tumor Ablation	Polyp/Tumor Removal	Stent Placement
Tattoo/Submucosal Injection	Screening Colonoscopy	Rectal Dilation	
Other:			

**EGD Interventions**

Biopsy/Cytology	Botox Injection	BRAVO	Diagnostic
Dilation/ Balloon/ Savory/ Guided	Endoscopic Mucosal Resection (EMR)	Esophageal Varices Ligation	Foreign Body Removal
Gastrostomy Tube Insert/ Placement	Gastrostomy Tube Change/ Reposition/ Removal	Hemorrhage Control	Polyp/ Tumor/ Tissue Ablation
Polypectomy/ Tumor Removal	Sclerotherapy	Stent Placement	Tube Placement
Tattoo/ Submucosal Injection	Varices Ligation		
Other:			

**ERCP Interventions**

Balloon Cholangiogram	Balloon Dilation	Biliary/ Pancreatic Duct Stone Removal	Biopsy/Cytology
Foreign Body Removal	Lithotripsy	Polyp/ Tumor Ablation	Sphincterotomy/ Papillotomy
Spyglass Visualization	Stent Insertion	Stent Removal/ Exchange	
Other:			

**Is a Hospital Bed Required? (Circle Below)**

ICU Bed Required	Non-ICU Bed Required	No Bed Required
------------------	----------------------	-----------------

**Effect on Short-Term Delay on Outcome? (Circle one)**

Minimum Risk to Patient	Moderate Risk to Patient	High Risk to Patient
-------------------------	--------------------------	----------------------

**In Person Pre-Admission Testing Needed? (If so, then Guidelines can be Requested Through Schedulers.)**

Desired Date:	Desired Time:
---------------	---------------

**Billing Type:**

Fully Cosmetic <input type="checkbox"/>	Partially Cosmetic <input type="checkbox"/>	Other Billing (See below) <input type="checkbox"/>
Other Billing Comments:		

<b>Physician's Signature:</b>	<b>Date:</b>
-------------------------------	--------------

# Laboratory Orders via Fax

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Instructions for requesting laboratory orders via fax.

# EMORY WRP Medical Laboratory

## Outreach Laboratory Request Form

**Patient Information (print or use label)**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 MRN Number : \_\_\_\_\_ Sex: M / F  
 Date of Birth: \_\_\_\_\_ Dx / ICD-10: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Specimen Collection Information: Date \_\_\_\_\_ Time: \_\_\_\_\_

**Client Information:**

Client: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Requesting Physician: \_\_\_\_\_  
 Phlebotomist Name: \_\_\_\_\_  
 Redraws & Recollects: \_\_\_\_\_  
 Fax Results to: \_\_\_\_\_  
 Criticals called to : \_\_\_\_\_

Chemistry	Chemistry (cont)	Hematology/Coagulation
Ammonia Level	Lactic Acid Level	Body Fluid Cell Count with Differential
Acetaminophen Level	Lipase	Body Fluid Crystals
Albumin Level	Lithium Level	Complete Blood Count Order Panel (CBC)
Amylase Level	Liver Function Panel	CBC w/ Auto Diff
ALT	Magnesium Level	D-Dimer, Quantitative
AST	Phenobarbital Level	Hematocrit
Basic Metabolic Panel	Phenytoin Level (Dilantin)	Hemoglobin
Bilirubin Total	Potassium Level	Partial Thromboplastin Time* (APTT/PTT <sub>A</sub> )
Bilirubin Total and Direct	Protein Total	Platelet Level
Blood Urea Nitrogen (BUN)	Renal Function Panel	Protime- INR
B-natriuretic Peptide (BNP)	Sodium Level	
Calcium Level Total	Theophylline	<b>Microbiology</b>
Carbamazepine Level	Troponin-I, HS	Aerobic Culture
Chemistry Profile Lipid	TSH	Spec Type:            Source:
Chloride Level	Uric Acid	Anaerobic/Aerobic Culture
Carbon Dioxide	Valproic Acid Level	Spec Type:            Source:
CK	Vancomycin Level Peak	Blood Culture
Comprehensive Metabolic Panel	Vancomycin Level Random	Body Fluid Culture – Source:
Creatinine	Vancomycin Level Trough	Gram Stain
Digoxin Level		Urine Culture
Electrolyte Panel (CO <sub>2</sub> ,CL,K,NA)		Source:
Ethanol Level (ALC)	<b>Urinalysis</b>	<b>Other</b>
Gentamycin Level Peak	Toxicology Drug Screen, Urine	
Gentamycin Level Random	Urinalysis Dipstick	
Gentamycin Level Trough	Urinalysis Microscopic	
Glucose Quantitative Serum		

**See reverse for detailed drop off instructions for each campus.**

EMORY WRP Medical Laboratory  
Outreach Laboratory Request Form

**Drop off Instructions**

- **All specimens must be clearly labeled with full name, DOB, and date & time of collection.**
- **All specimens should be accompanied by a requisition and packaged as one patient per bag.**
- **Please call us at 478-542-7770 for collection information.**

**Emory Warner Robins Hospital**

1601 Watson Blvd, Warner Robins, GA 31093

Enter through Same Day Services (back of hospital, next to emergency room) and speak to registration. They will register your samples and direct you to the lab. They are open 6:30a -5:00pm, M-F.

**Emory Perry Hospital**

1120 Morningside Dr, Perry GA, 31069

Enter through Emergency Room entrance and go to left. The left side is Registration and the Laboratory.

# Imaging Orders via Fax

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Instructions for requesting general imaging studies via fax.



Scheduling Line 478-322-5175

Scheduling Fax 478-542-7928

**HOUSTON HEALTHCARE  
Imaging Services**

Pavilion Diagnostic Center     Houston Medical Center     Perry Hospital

(\*Indicates required information to schedule procedure)

\*Patient Name: \_\_\_\_\_ \*DOB \_\_\_\_\_ \*Appt. Date \_\_\_\_\_ Time: \_\_\_\_\_  
 \*Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Films  Yes  No  
 \*Referring Physician: \_\_\_\_\_ Scheduler: \_\_\_\_\_  
 \* Phone: \_\_\_\_\_ \*Fax : \_\_\_\_\_ Email: \_\_\_\_\_  
 \*Diagnosis: \_\_\_\_\_ Clinical Symptoms/Concerns: \_\_\_\_\_  
 \*Primary Insurance: \_\_\_\_\_ \*Group \_\_\_\_\_ \*ID \_\_\_\_\_  
 \*Secondary Insurance: \_\_\_\_\_ \*Group \_\_\_\_\_ \*ID \_\_\_\_\_

Please place an "X" in the box below next to the examination requested. Be sure to "X" contrast requirements as well.

CPT	X	Abdomen & GI Tract	CPT	X	CT	CPT	X	MRI
74022		Abdomen series w/chest	74150		Abdomen without contrast	70551 70552 70553		Brain with contrast without With/without
74020		Abdomen flat & upright	74160		Abdomen with contrast	70553		IAC with/without cont
74220		Barium Swallow (esoph)	74170		Abdomen with/without contrast	70544		MRA w/o contrast
74230		Barium Swallow(speech)	70450		Brain without contrast	70543		Orbits with/without
74280		Barium Enema(air contr)	70460		Brain with contrast	70546		Pituitary with/without
74740		Hysterosalpingogram	70470		Brain with/without contrast	77058		Breast MRI with/without
74400		IVP	72125		Cervical Spine without contrast	72141		Cervical Spine without
74000		KUB (Abdomen single view)	73200		Upper Ext. without contrast R L	73718		Hip R L Bilateral
74250		Small Bowel Series	73201		Upper Ext. with contrast R L	73718		Knee R L Bilateral
74247		Upper GI Series	73202		Upper Ext. with/without cont. R L	72148		Lumbar Spine without contrast
74455		VCUG	73700		Lower Ext. without contrast R L	70549		MRA Carotids
		Other _____	73701		Lower Ext. with contrast R L	73725 72197		MRA Runoff Lower Ext. Pelvis with/without
		<b>Chest</b>	73702		Lower Ext. with/without con. R L	73221		Shoulder R L Bilateral
71020		Chest PA and Lateral						
71100		Ribs Right Left	72131		Lumbar Spine w/o contrast	72146		Thoracic Spine without
71111		Ribs – Bilateral 4 views	72192		Pelvis without contrast			Other Ext _____ R L
			72193		Pelvis with contrast			
			72194		Pelvis with/without contrast			Other _____
		<b>Spine and Pelvis</b>	70486		Sinus cor/ax without contrast			<b>Mammography</b>
72050		Cervical Spine complete	70487		Sinus cor/ax with contrast			Screening Mammogram
73510		Hip R L Bilateral	70490		Soft Tissue Neck w/o contrast	G0202		Diagnostic Mammogram
72110		Lumbar Spine complete	70491		Soft Tissue Neck with contrast			Unilateral R L
72170		Pelvis	70492		ST Neck with/without contrast	G0206		Bilateral
72072		Thoracic Spine 3 views	72128		Thoracic Spine without contrast	G0204		Bone Density
72220		Sacrum/Coccyx	71250		Thorax without contrast	77080		
72200		Sacroiliac Joints	71260		Thorax with contrast			
		Other _____	71270		Thorax with/without contrast			
			71250		Thorax High Resolution w/o			
			76376		3D reconstructions			See reverse for additional Ordering modalities
					Other _____			

Note: Centers for Medicare & Medicaid Services payment guidelines do not allow a signature stamp as a valid physician's signature on a medical order.

Ordering Physician (Print Name Below) \_\_\_\_\_ Physician Signature (Below) \_\_\_\_\_ Date \_\_\_\_\_

Only approved test approved by the Centers for Medicare & Medicaid Services medically necessary for the diagnosis and treatment of a Medicare or Medicaid patient will be reimbursed. Test performed in the absence of signs, symptoms, complaints, diagnosis, or personal history of the disease or injury are not covered except for preventative screening tests covered by Medicare or Medicaid. Medically unnecessary tests for which Medicare or Medicaid reimbursement is claimed may be subject to civil penalties under the federal False Claims Act and/or the State False Medicaid Claims Act.



Scheduling Line 478-322-5175

Scheduling Fax 478-542-7928

**Houston Healthcare  
Imaging Services  
Page two of two**

**Patient Name:** \_\_\_\_\_

CPT	X	Nuclear Medicine	CPT	X	Ultrasound	CPT	X	Lower Ext. Podiatry
78306		Bone Scan Whole Body	93923		ABI complete (Seg Pressure)	76880		<b>US</b> R L Bilateral
78305		Bone Scan Limited body part _____	93922		ABI Limited (single level)	73718		<b>MRI</b> R L Bilateral
			76700		Abdomen complete	C8913		<b>MRA</b> R L Bilateral
78315		Bone Scan Three Phase body part _____	76705		Abdomen limited RUQ _____			<b>Myelograms (w/post CT)</b>
78264		Gastric Emptying Study liquids solids both	76770		Aorta	72240		Cervical
			93931		Arterial Doppler <b>Upper</b>	72265		Lumbar
78223		HIDA Scan w/CCK	93926		Arterial Doppler <b>Lower</b>	72255		Thoracic
78215		Liver Spleen Scan			R L Both	76376		3D reconstructions
78585		Lung Scan Vent/Perf	76645		Breast R L Both			
78472		MUGA scan	93880		Carotid Doppler			<b>Other exams/comments</b>
78481		Nuc Med Stress Test	76705		Gallbladder			
78070		Parathyroid Scan	76775		Kidney/Renal			
		Renal Scan – Captopril	76705		Liver			
		Renal Scan – Lasix	75801		Pregnancy 1 <sup>st</sup> Trim. single			
78709		Renal Scan	76805		Pregnancy >1 <sup>st</sup> Trim. single			
78006		Thyroid Scan	76705		Pancreas			
		I-123 Scan & uptake	76856		Pelvic Non-OB			
		Other _____	76870		Testicular			
			76536		Thyroid			
			76830		Transvaginal			
			93971		Venous Doppler			
					<b>Upper Lower</b>			
					R L Both			

**INTERVENTIONAL RADIOLOGY**

X	Interventional Procedures	X	Interventional Procedures
	Abscess Drain		Percutaneous Nephrostomy
	Arterial Venous Declot		Percutaneous Transhepatic Cholangiogram
	Arteriogram (body part) _____		Perm Cath
	Blood Patch		PICC <b>Tunneled Non tunneled</b>
	Central Line		Port-a-Cath
	Chest Tube (side) R L		Temp Vas Cath
	IVC Filter		Thrombolysis
	Kidney Biopsy (side) R L		Uterine Artery Embolization
	Kyphoplasty		Ureteral Stent (side) R L
	Liver Biopsy		Varicocele
	Lung Biopsy (side) R L		Venogram
	Nephrostomy Tube		<b>Radiology Consult for:</b>
	Nerve Block		

# Breast Imaging Orders via Fax

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Instructions for requesting breast imaging orders via fax.

# EMORY HEALTHCARE

Scheduling Line (478) 329-3200

Scheduling Fax (855) 255-8060

## BREAST IMAGING ORDER FORM

Emory Healthcare Diagnostics     Emory Healthcare- Warner Robins     Emory Healthcare- Perry

(\* Indicates required information to schedule procedure)

\*Patient Name: \_\_\_\_\_ \*DOB: \_\_\_\_\_ \*Appt. Date: \_\_\_\_\_ Time: \_\_\_\_\_

\*Primary Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

\*Referring Physician: \_\_\_\_\_ Scheduler: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_

\*Diagnosis: \_\_\_\_\_ Date/Location of Last Mammogram: \_\_\_\_\_

\*Primary Insurance: \_\_\_\_\_ \*Group: \_\_\_\_\_ \*ID: \_\_\_\_\_

\*Secondary Insurance: \_\_\_\_\_ \*Group: \_\_\_\_\_ \*ID: \_\_\_\_\_

### ~ MAMMOGRAPHY ~

**Bilateral Screening Mammogram**

Screening mammograms are used for asymptomatic women as a screening tool for the early detection of breast cancer. The following diagnoses are used for screening mammogram orders.

- No symptoms, routine, fibrocystic changes, family history of breast cancer, breast implants, diffuse breast pain

**I authorize Houston Healthcare to proceed with diagnostic mammogram and/or breast ultrasound if indicated.**

**Diagnostic Mammogram**     **Right**     **Left**     **Bilateral**

Diagnostic mammograms are performed for women with any but not limited to the following symptoms.

- Personal history of breast cancer, palpable lump or mass, focal pain (please specify location), nipple discharge, 6 month follow-up, 6 month follow-up post biopsy, stereotactic biopsy, abnormal screening mammogram

### ~ BREAST ULTRASOUND/ MRI ~

**Breast Ultrasound**     **Right**     **Left**     **Bilateral**

Breast ultrasounds are used to further evaluate any abnormal breast symptoms. Please specify the area of interest.

- Palpable lump or mass or breast thickening, abnormal mammogram

**Breast MRI**     **Bilateral**

Breast MRI is used to further evaluate abnormal breast symptoms. This exam is always performed bilaterally using IV contrast.

- Personal history of breast cancer, rule out ruptured implants, inconclusive mammogram and breast ultrasound

### ~ BREAST BIOPSY ~

**Ultrasound Guided Breast Biopsy**     **Right**     **Left**     **Bilateral**

**Stereotactic Guided Breast Biopsy**     **Right**     **Left**     **Bilateral**

Ordering Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Only test approved by the Centers for Medicare & Medicaid Services deemed medically necessary for the diagnosis and treatment of a Medicare or Medicaid patient will be reimbursed. Test performed in the absence of signs, symptoms, complaints, diagnosis, or personal history of the disease or injury is not covered except for preventative screening tests covered by Medicare or Medicaid. Medically unnecessary tests for which Medicare or Medicaid reimbursement is claimed may be subject to civil penalties under the federal False Claims Act and/or the State False Medicaid Claims Act.

# Notes & Follow-Up

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Use this space to document key takeaways, questions and follow-up items.

