

LSU Health New Orleans School of Dentistry

axiUm Training

Postgraduate Residents

Kathy Hansel

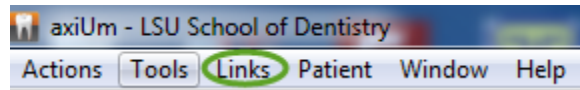


2016

AxiUm Training for New Residents

Kathy Hansel, Instructor khanse@lsuhsc.edu Room 2305 Clinic Building

504.941.8139



Links on top toolbar links to AxiUm Help page on LSU School of Dentistry – Learning Center

Additional axiUm Help: Jeff Schluter 504.941.8183 jschlu@lsuhsc.edu Room 3331

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Remote Access to AxiUm:



Off Campus

1. Go to **LSU Health New Orleans School of Dentistry Home Page** <http://www.lsusd.lsuhsd.edu/>
2. Select **Citrix Web Interface**  - Use LSU username and password
3. **Select Applications tab** when Citrix Online Plug-In window appears, you should see AxiUm icon- log on using axium logon and password
4. **To access Schick (CDR Dicom)**, you will have to open remote desktop connection through citrix
5. Hit **Start** button – lower left corner of Citrix window
6. Select **Remote Desktop Connection** (computer name : lsusd-terminal)
7. **Connect**
8. Use **LSU username and password**
9. Hit **Start** button in this window to find CDR Dicom (Schick radiographs) program.

AxiUm is installed on clinic and library computers only.



On Campus

1. Select **Remote Desktop Connection**
2. Go to **Start> All Programs>Accessories> Communications>Remote Desktop Connection**
3. Computer name : **lsusd-terminal**
4. **Connect**
5. Use **LSU username and password**
6. Double click on AxiUm icon- use axium username and password
7. Hit **Start** button in this window to find CDR Dicom (Schick radiographs) program.

Mac Users:

Go to LSU Health New Orleans School of Dentistry Home Page <http://www.lsusd.lsuhsd.edu/>-

Learning Center- Online Tutorials- AxiUm Videos & Document Tutorials

Remote desktop downloads for macs:

<http://www.microsoft.com/download/en/details.aspx?id=18140>

Using the Scheduler Module

2. The *Active* tab will be on top. Click on the book icon to see other scheduling books available to you.
The *Chair* tab, *Availability* tab and the *Pending* tab are of no use to you.

3. If you logged in, your provider number will display here. To change provider number, click *Select Provider*, type in part of the provider last name, click *Last Name*, and double click on the correct provider, placing the provider number in the *Scheduler* window.

Provider #	Last Name	First Name	Year	Group
D00404	Haywood	Van	0	FREHAB

4. Click on the green date to bring up a calendar for selecting the date of interest.

5. Click on the *Weekly* tab to view all scheduled appts. for the selected provider for the selected week. Clicking on an appt. or date jumps you to the *Active* tab for that date.

6. Click on the *Monthly* tab to view all scheduled appts. for the selected provider for the selected month. Clicking on an appt. or date jumps you to the *Active* tab for that date.


7. *Print List* prints all faculty appts. for the current day and clinic, regardless of what day or provider you have selected.

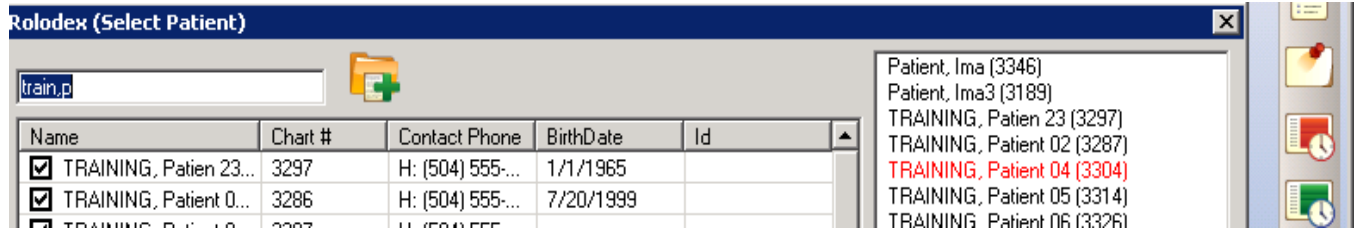
8. *Print View* prints a screen shot of whatever you see on the schedule when you select this option.

Scheduling Patients

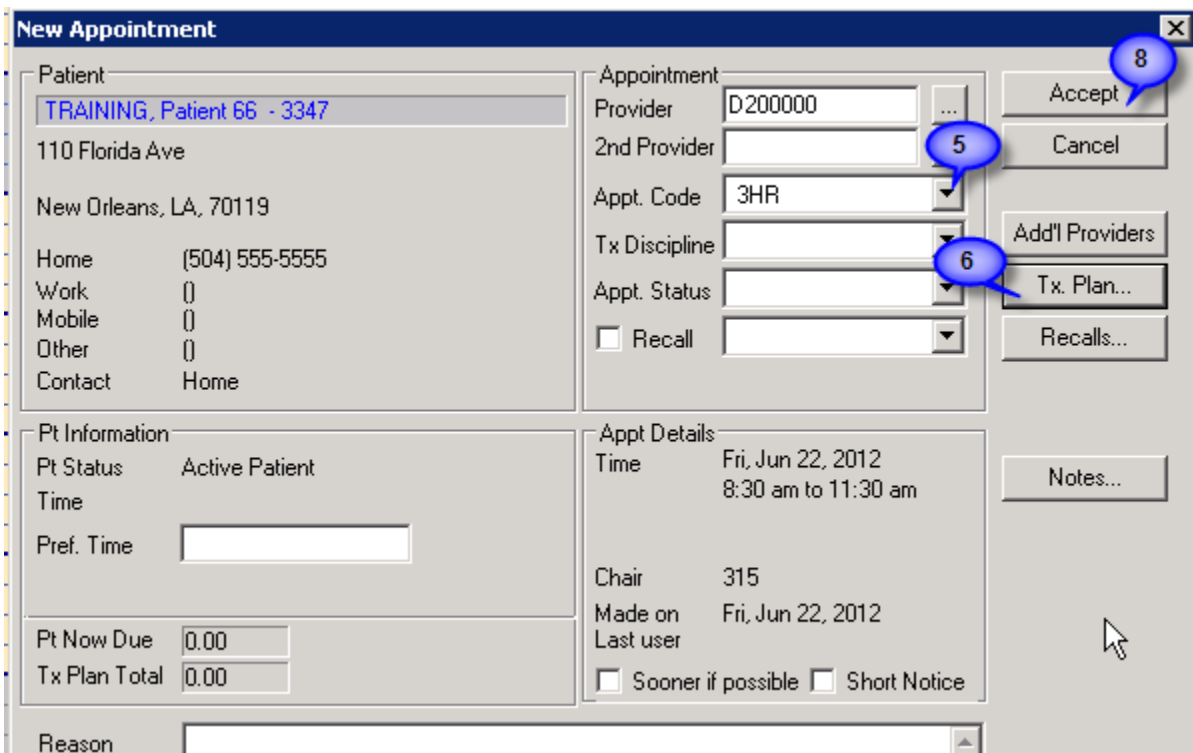
Go to Scheduler module



1. If the book you wish to schedule in does not display, click on **book icon**  in upper right hand corner of scheduler screen to select scheduling book. (Will open to the book you use most often)
2. **Double click** on beginning of desired appointment time slot in your column.
3. type in **last name or chart #** of patient in rolodex window- or **select patient** from list at right of window- Enter



4. **double click** on patient name -
5. **choose appointment** length by choosing Appt Code
6. In the New appointment window, click on **Tx Plan** button
7. **move procedure** you plan to do at this appointment from Planned Treatments (left side) to Appointed Treatments (right side)- Close
8. hit **Accept** in New Appointment window

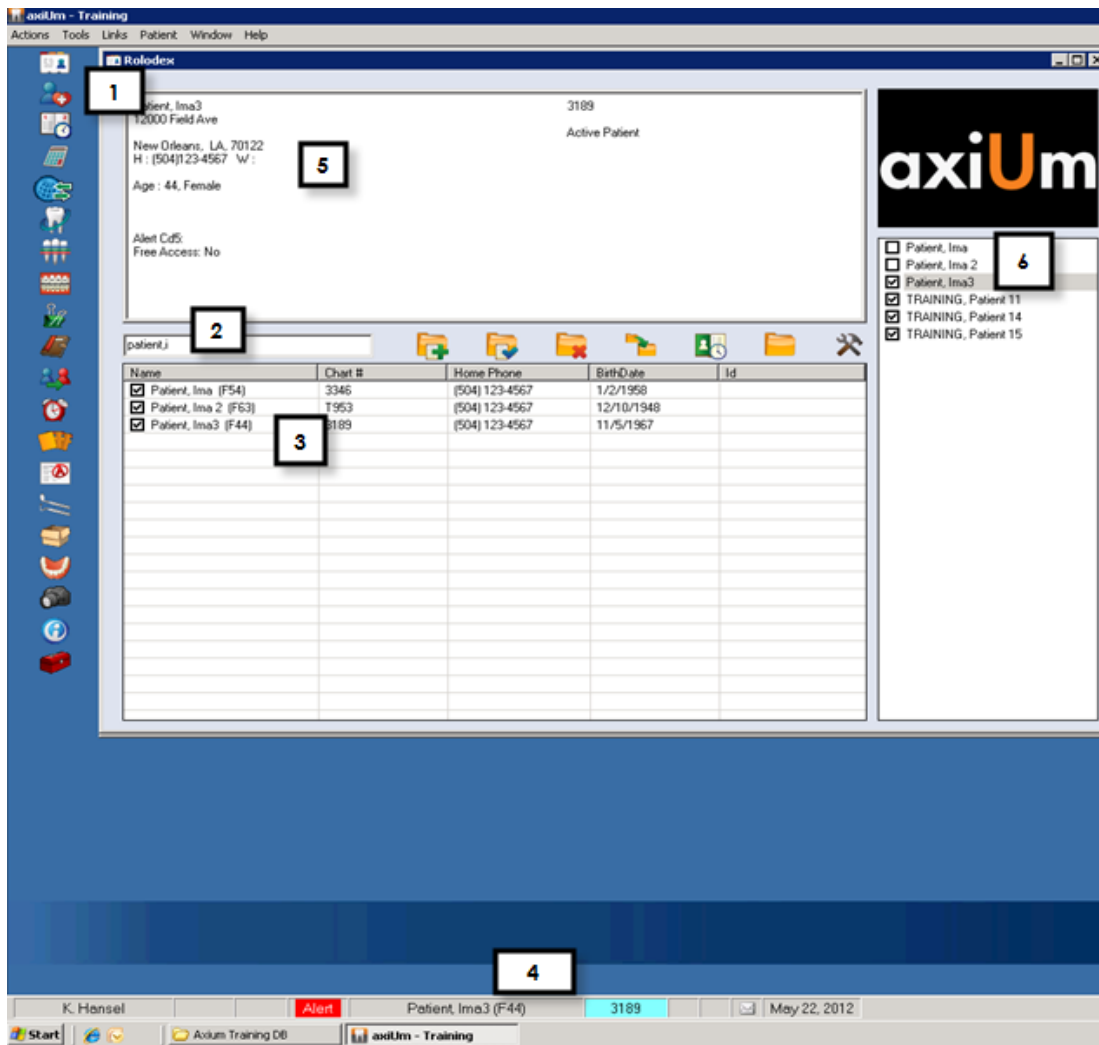


Right click – select patient to open patient record.

Reschedule- right click on appointment slot- select reschedule- appointment slot turns yellow- go ahead to new appointment- drag yellow appointment to new appointment slot- double click to insert appointment.

Cancel, fail, delete appointment- **right click on appointment slot.** Always indicate if patient failed, canceled less or greater than 24 hour notice. Only use delete if you made appointment by mistake. This will display in patient card. Click on patient name in status bar at bottom of screen TRAINING, Patient1 (M51) to open patient card.

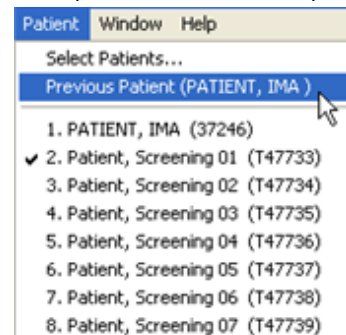
Selecting a Patient Via the Rolodex

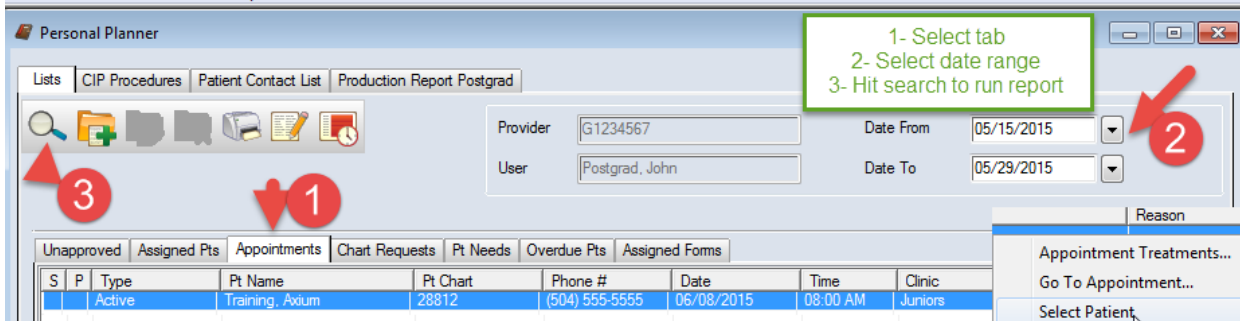


1. Click on Rolodex button.
2. In name field, type in the last name, (and as little of the first name as is necessary to pull up a reasonable list of names) You can also search by chart #, phone number (omit area code), birthdate, and first name (,Mary). If you fail to adequately narrow down your search (eg. Smith) you significantly increase search time and number of names to scroll through.
3. Click on the patient's name. Make sure that the patient's name displays in the bottom name field.
4. Check the patient's demographic data to insure you've selected the correct record and that the data is current
Corrections should be made by the Business Office.
5. To hold the name in your notepad for easy selection on another day, check the box on the left If the patient's name is in the notepad, a single click will select the patient.

Opening Charts from other modules: Selecting **Patient** on top toolbar allows you to open previous patient's chart and

those patients listed in notepad list .





Unapproved tab- To see if any of your patients' treatment is still unapproved:

- Select the unapproved treatment tab... choose “date from” for the date range desired... hit search button
- Check this on a weekly basis.



Assigned Pts tab- To get a list of patients assigned to you:

- Select the Assigned patients tab... hit the search button (magnifying glass)
- This module defaults to your provider number and you will see a list of your assigned patients
- Make sure that the “date from” button at the top is set to a date back to beginning of clinic to see a full list.
- You can highlight a patient’s name in the list...right click to select patient... you can now go to the dental chart for that patient.

Appointments tab- To search for your appointment schedule:

- Select the Appointments tab...select a date range... Search button
- Select a Pt Name in the list and **right click to go to appointment or select patient**

Top row of tabs

Production Report tab- get a report of completed procedures, RVU’s and amount charged to production

Select Production Report tab...select detailed or summary...select date range...OK

CIP Procedures tab- a list of completed, in process and planned procedures entered by you only

- Select CIP Procedures tab...select date range---OK...also has production amounts

Patient Contact List tab- list of your assigned patients with phone numbers

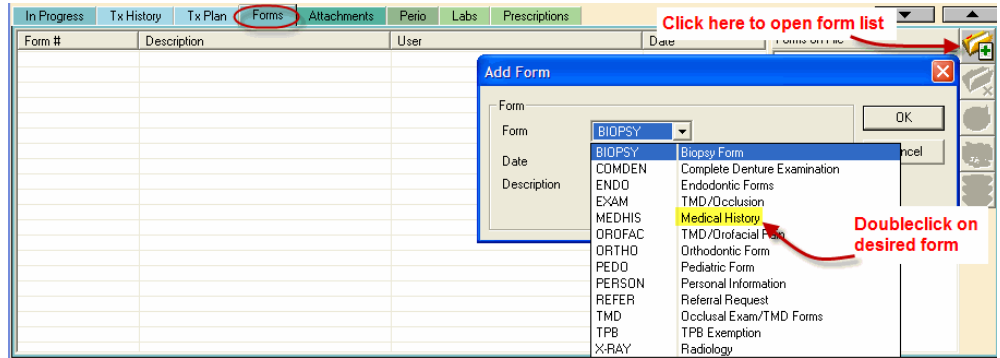
- Select Patient Contact List tab...may be more than one page...select arrows next to 1 at top of report to see more pages

Finding Forms

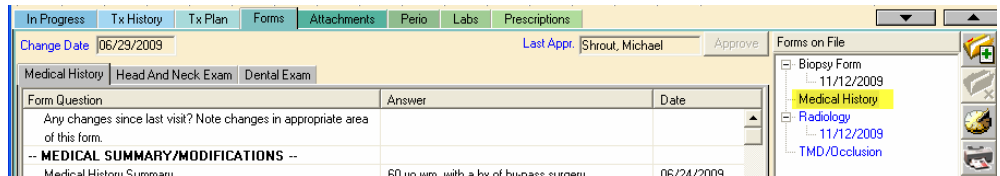
Forms can be accessed in two places in axiUm: the *Forms* tab and the *Attachments* tab. This document serves to distinguish where users can find forms rather than how to complete them.

Forms Tab

- Open EHR
- Click on *Forms* tab
- Click on the *Create a New Record or Add Patient Form* button on top toolbar.
- Select a form from the drop-down list.

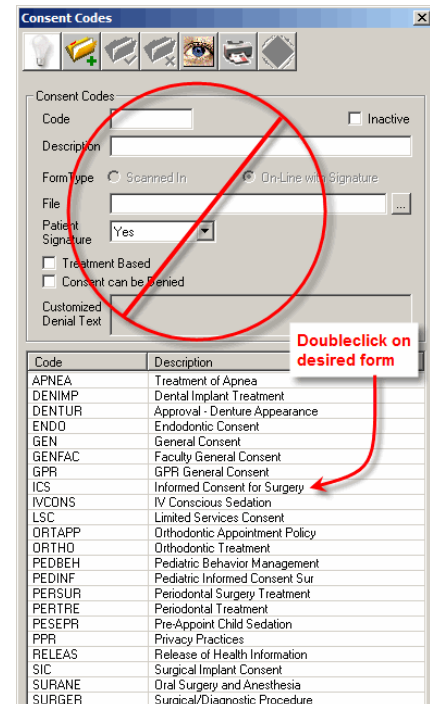
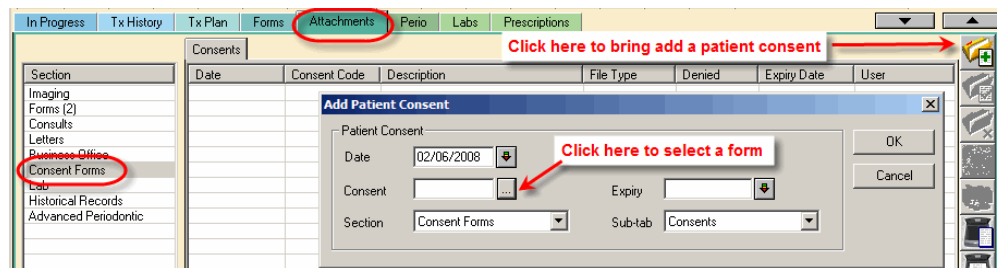


Some forms, like *Medical History*, will not be available in the drop-down list once data is added to the form. Rather, the form will display in the *Forms on File* window. Click on the form there and modify. Changes will be saved with a new date.



Attachments Tab

- Open EHR and click on *Attachments* tab (or click on the *Attachments* button on the left)
- Default is *Consent Forms*
- Click on the *Create a New Record* button
- Click on the ellipses button
- Doubleclick on the desired form
- Click OK and then complete the form



You can download PDF copies of the forms by setting your computer's default printer to *PDF* and then printing out the forms.

AxiUm Cheat Sheet for Charting Findings (Existing Conditions and Restorations)

Student



Rolodex -Open Patient Record


Type in last name, first name, OR chart number, press enter. (You can type in just a few letters of the last name to bring up all matching patient names.) Double click so name is in bottom window. Verify proper patient through date of birth and phone number.



EHR- Chart Age of Teeth & Missing Teeth

1. In odontogram, click to select tooth or teeth, right click and choose Age Change or Missing. May also use right click- Select Teeth -to choose All Teeth or Maxillary or Mandibular Arch.

Add Findings Via Chart Add Tab

2. Click on  (top right of window) to open **Chart Add** tab. In Chart Add tab, click on 


3. Add Restorations –

Click on **Restorations/Caries** category to add existing restorations, sealants, temporary materials, implants and bridges.

Use First tab- **Quick List**- (go to Full list if not found here)

Choose type of restoration-


select tooth surfaces in odontogram-

hit Add Finding button 

Text should appear at right in blue text- E in status column -existing restoration

4. Add Caries-

In same category, scroll down Quick List to find caries description, highlight it-

select surfaces from odontogram (red cross hatch appears) hit Add Finding button 

Text should appear in blue text- status A- existing caries- red cross hatching in odontogram

5. Add Conditions -(Tipped teeth, diastema, impacted, etc.)

Choose **Conditions** category-

select condition from Quick List-

select tooth in odontogram-

hit Add finding button.

Text should appear at right with status A for existing condition.

To **delete a finding**, highlight the text, select button with red X.

When finished, have faculty approve- text will display as pink once approved.

05/12

Tx Plans 5.2


Open Tx Plans tab- **Selected Option** column shows – Approved Tx Plans


Date Accepted column- date accepted by patient


To view approved plans, double click on Treatment Plan name in Treatment Plan column

To open new treatment plan, click on Add New Record




- 1- Enter **Tx Plan Description**
- 2- Enter **Chief Concerns** in patient's own words
- 3- **Problems** -click on **New item** -Problems field –search problems with ellipsis button  or select from list.


hit Enter (green check) to Save,  X closes the box
(Delete- select item and right click)

- 4-**Diagnoses**- click on **New Item** – Diagnosis field-  ellipsis button to select from list.

A diagnosis can be linked to a problem by double clicking on a diagnosis , Problem with drop down menu appears

hit Enter (green check) to Save,  X closes the box
(Delete- select item and right click)

- 5- **Tx Option** – enter treatment and diagnoses- **New item**
Select diagnosis from drop down list –
Select procedure from **Quick List**
Select **tooth/surfaces** in odontogram starting in UR quadrant
Enter **Phase** and **Sequence**

hit Enter (green check) to Save 

- 6- Faculty Approval- **Approve Option**- text is green when approved
- 7- **Pt Accept/Print**- patient signs treatment plan

Close treatment plan window to return to first screen

Hide/Expand allows you to view selected panes



New option tab allows entry of another option for treatment plan, only one can be approved.
Phase 2 should be entered as a different Tx Plan, not another option.

Treatment Plan - Patient, Sophomore JS (T7280)

Tx Plan Description: Phase 1 **1** Chief Concerns: tooth hurts, gums are bleeding **2** Objectives: Notes:

Problems

Date	Problem	Site	Surf.	Status
08/01/2012	Caries			T-NURG
08/01/2012	Periapical Pathology			T-NURG
08/01/2012	Periodontitis			T-NURG
New item				

Diagnoses

Diagnosis	Link to Problem(s)
Dental caries	Caries
PA abscess /Acute	Periapical Pathology
Chronic periodontitis	Periodontitis
New item	

Tx Option + (New Option)

Provider	Diagnosis	Procedure	Procedure Description	Site	Surf.	Phase	Seq.	Sts.	Estimate	Ins. Est.	Approve Option	
D80147	PA abscess /Acute	D7140	Extraction, eruptd thh/ exp rt	3		1	1	P	37.00	0.00	Print Pt. Accept/Print Copy Option	
D80147	PA abscess /Acute	3346	Referral PG Endo Ant retreat \$431	9		1	2	P	431.00	0.00		
D80147	Dental caries	D2391RT	Resin-based comp- 1 surf, post. root	19		1	2	P	51.00	0.00		
D80147	Chronic periodontitis	D4341	Scaling/rt planing 4 or more	UR		1	3	P	48.00	0.71		
D80147	Chronic periodontitis	D4341	Scaling/rt planing 4 or more	UL		1	3	P	48.00	0.00		
D80147	Chronic periodontitis	D4341	Scaling/rt planing 4 or more	LR		1	3	P	48.00	0.00		
D80147	Chronic periodontitis	D4341	Scaling/rt planing 4 or more	LL		1	3	P	48.00	0.00		
D80147	Dental caries	D2150	Amalgam - 2 surfaces	31	MO	1	4	P	48.00	0.00		
D80147	Dental caries	D2150	Amalgam - 2 surfaces	30	DO	1	4	P	48.00	0.00		
D80147	Dental caries	D2140	Amalgam - 1 surface	4	O	1	4	P	37.00	0.00		
D80147	Dental caries	D2140	Amalgam - 1 surface	29	O	1	4	P	37.00	0.00		
Estimated Total									881.00	0.00		
New item												

Kathy Hansel

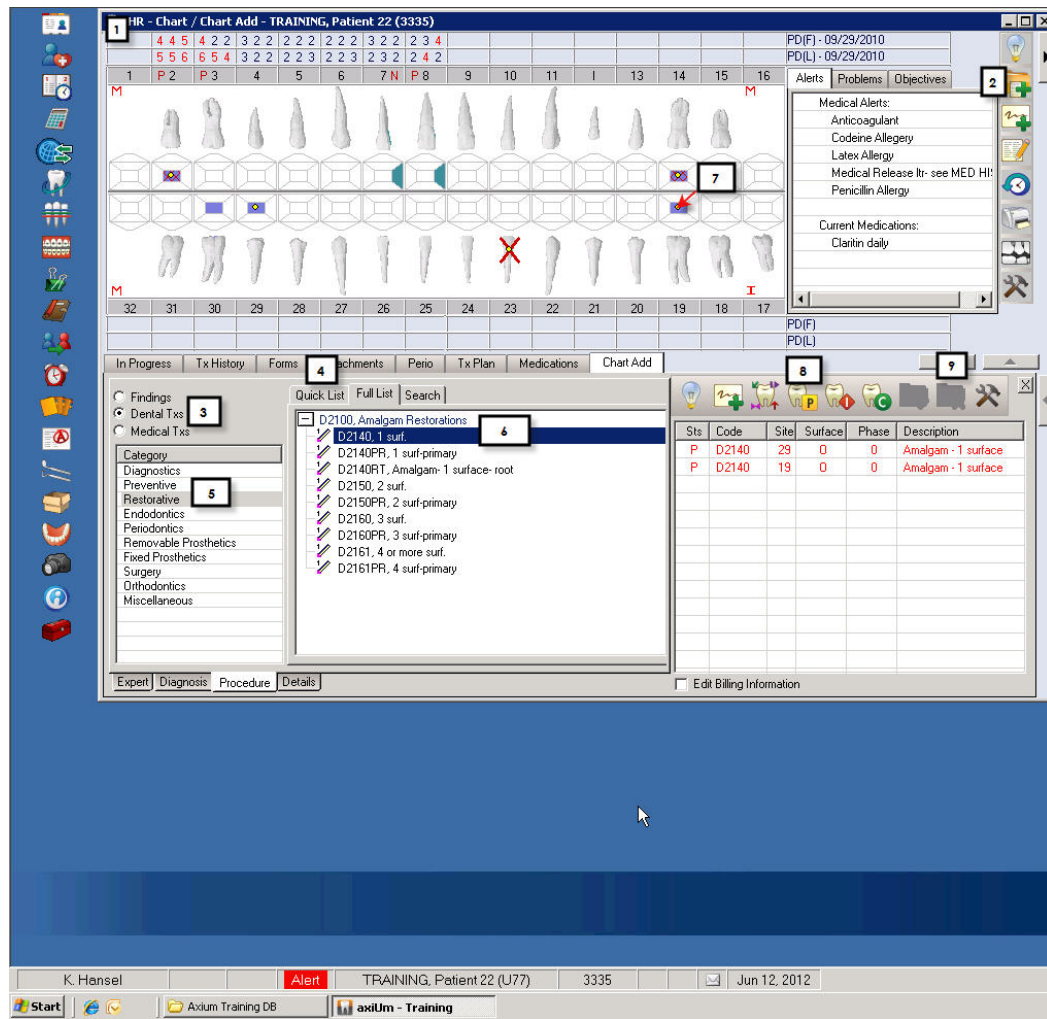
Room 2305




504.941.8139

khansel@lsuhsc.edu

02/14

Adding Planned Treatment




1. Select your patient through the *Rolodex*. Make sure their name is showing in the message box at the bottom of the axiUm window.
2. Click on the  *Create a New Record* button (top right of screen) to open the **Chart Add** tab.
3. Select the **Dental Tx** radio button (default).
4. Select the **Quick List** tab (default).
5. Select the appropriate category from the list on the left.
6. Single click on Tx choice or click on the + to open folder of options. If you do not see the category or Tx you need, select the **Full List** tab and repeat steps 4-6. If you want to add phasing and sequencing here, double click the selection to jump from the Procedures subtab to the Details subtab. Do NOT enter the sites and surfaces by typing in the code.
7. Select the tooth &/or surfaces where required by clicking on the tooth on the odontogram or selecting the quadrant when prompted.
8. Click on the  *Planned Tx* button. Do not add Tx as *Inprocess* or *Complete* if you are going to generate a Tx Estimate as it will not be included. Only Planned Tx displays on the Estimate.
9. To correct an error, delete the incorrect entry by highlighting the incorrect entry and clicking on the  Delete Record button. Then add the correct Tx.

See instructions on approving treatment and printing a treatment estimate.

Printing a Treatment Estimate

We strongly urge you to get signed treatment estimates for all planned treatment. A signature on a contract does not mean that the patient agrees to the treatment, only that they have been informed. Signed contracts document that all problems, potential treatments, and costs were discussed with the patient. Signed forms are stored in Patient Attachments - Business Office - Tx Plans.

For a Tx Estimate, treatment must be planned and approved (not put in process or completed) to display in the Tx Estimates window.

1. Click on the **Tx History** tab. Make sure all of the Tx you are going to include in the contract is Planned (not In process or Completed) and all is approved (look for red Ps).
2. Click on the  (Estimate) button .
3. Select all the lines of treatment that need to be included in the estimate. Click OK.

Date	Seq#	Code	Site	Surf.	Description	Patient	Ins.
12/06/2006	0	D0330			Panoramic film	30.00	0.00
12/06/2006	0	D2140	19	0	Amalgam - 1 surface	28.00	0.00
12/06/2006	0	D0150			Comprehensive oral evaluation	32.00	0.00

Select All OK Cancel Total 60.00 0.00

Print Practice Name Dr. D00210 ... Print


Form Type: Custom Copies: 1 Close

Title: Treatment Plan for Maude Tucker

Comment1: [Empty text area]

Comment2: [Empty text area]

Consolidate Labs on Estimate Signatures: Student Instructor Patient

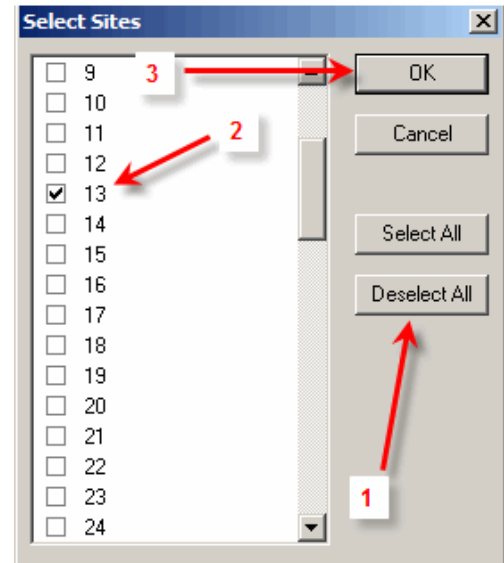
4. This opens the *Estimate* window where you can enter your provider code and a title. You only need the patient to sign.
5. Click Print to open a copy of the contract on the screen.
6. Click the  Print button from the top of the page.
7. AxiUm will prompt for the patient's signature and print a copy of the estimate with the patient's signature.

To View Treatment on A Specific Tooth or Teeth (revised 4/27/07)

Prov./User	Code	Site	Surf.	Stat	Phase	Location	Discipline	Appr. User	Description
T. Student	D2752D	13		P	0		REST	M. Myers	Shade Selection
T. Student	D2752E	12		P	2		REST	M. Myers	Jaw Relation Record*
T. Student	D2752E	13		P	0		REST	M. Myers	Jaw Relation Record*
T. Student	D2752F	12		P	2		REST	M. Myers	Cementation

1. Select Patient
2. Open *EHR – Tx History* tab
3. Click on the ellipses button next to the *Site* data field
4. Click on *Deselect all*
5. Check the teeth number you want displayed
6. Click *OK*
7. Only selected teeth will display

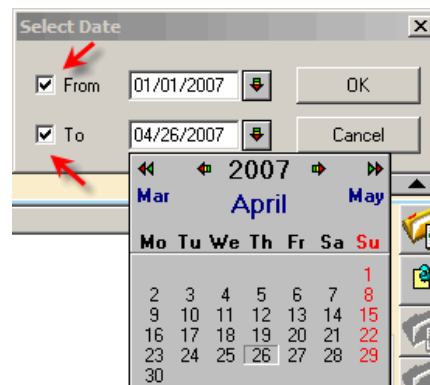
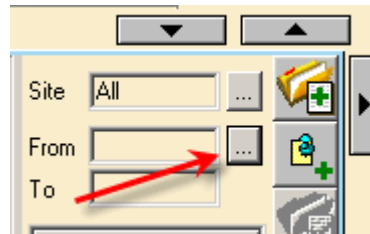
Date	Prov./User	Code	Site	Surf.	Stat	Phase
03/21/07	T. Student	D2752	13	MODBL	P	0
03/21/07	T. Student	D2752A	13		P	3:3
03/21/07	T. Student	D2752B	13		P	0
03/21/07	T. Student	D2752C	13		P	0
03/21/07	T. Student	D2752D	13		P	0
03/21/07	T. Student	D2752E	13		P	0
03/21/07	T. Student	D2752F	13		P	0



Exit EHR and return to restore default for displaying all treatment.

To View Treatment for a Specific Time Range

1. Select Patient
2. Open *EHR – Tx History* tab
3. Click on the ellipses button next to the *Date* data field
4. Check the fields you need to change
5. Change to the desired dates
6. Click *OK*
7. Only treatment for desired date range will display

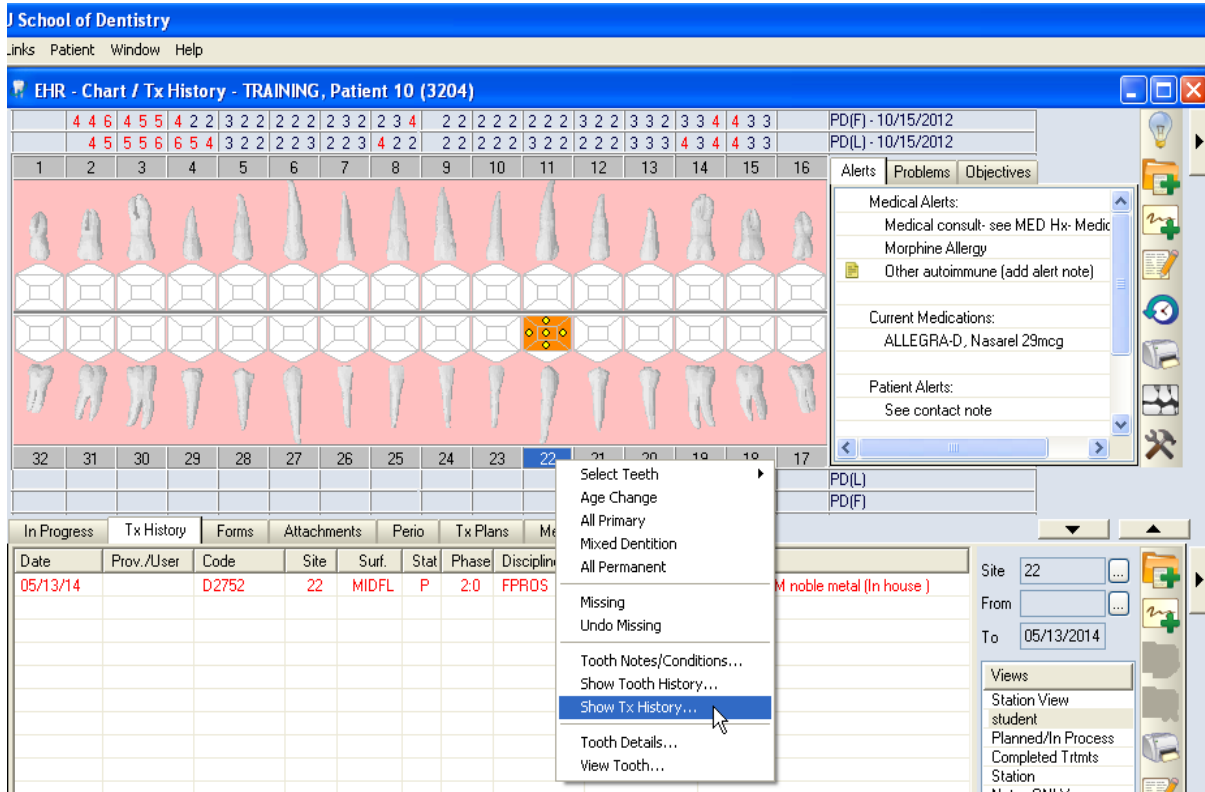


Exit EHR and return to restore default for displaying all treatment.

Filter treatment records in Tx History by tooth number in the odontogram

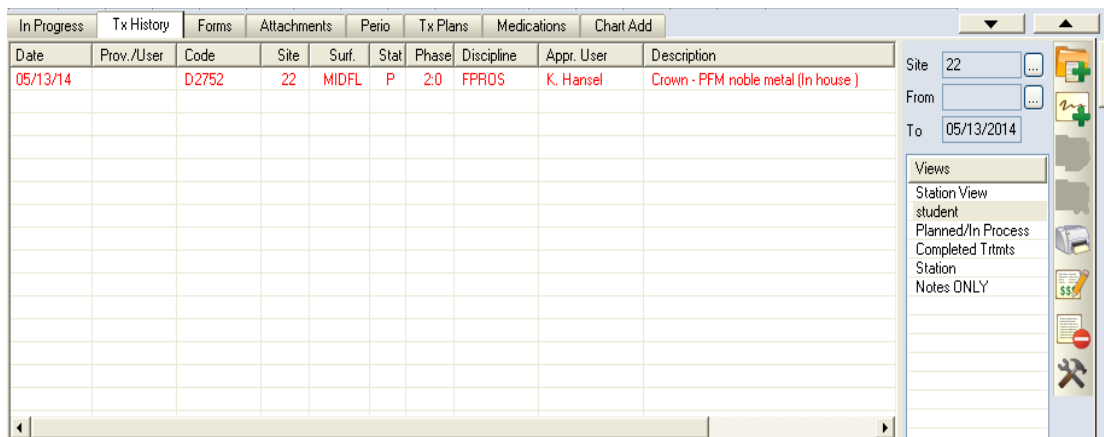
Select tooth # box in odontogram (turns blue when selected) - right click

Select the Show Tx History option



Axium filters the list view to display only those records (e.g. treatments, conditions, notes, etc.) for the selected tooth (see below).

To return to the original list view, go to the odontogram, deselect the tooth, and select the show Tx History right-click option again.





05/14



How to add a supernumary tooth as a Condition.

Adding a Supernumary Tooth to the Chart as a Condition.

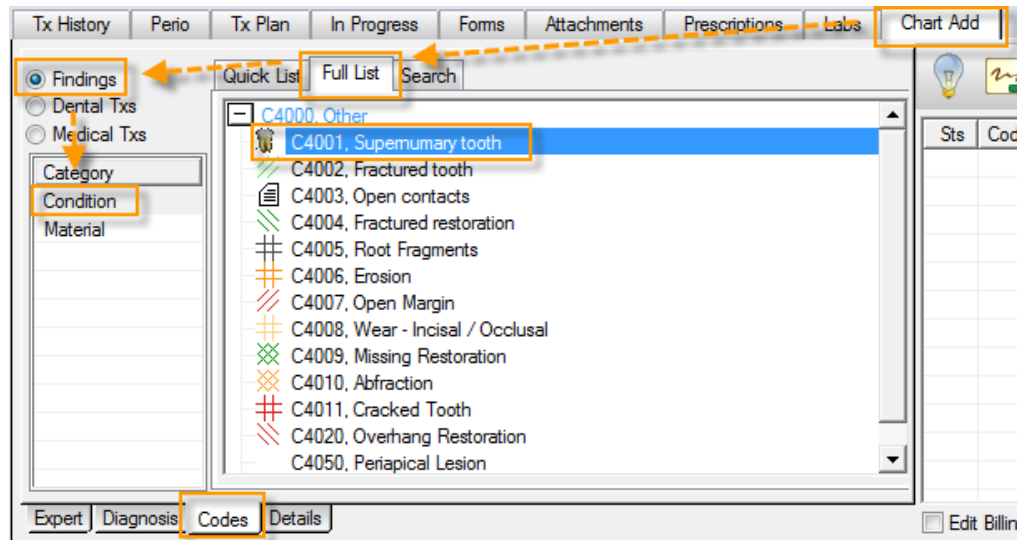
Adding Supernumary Teeth to the Chart

1. Select the Patient.
 - a. Search in the Rolodex and double click on the name.
 - b. Select the patient name in the Patient List of the Rolodex.
 - c. Select the Patient Menu bar and click 'Select Patient'
2. Double click on the EHR icon .
3. Click on the Chart Add .
4. In 'Chart Add' tab
 - a. Select the 'Codes' tab.
 - b. Select the 'Full List' tab.
 - c. Select the 'Findings' radio button.
 - d. Select the category 'Condition'.
 - e. Select 'Other' (or the category where the condition is located).
 - f. Select 'Supernumary tooth'.



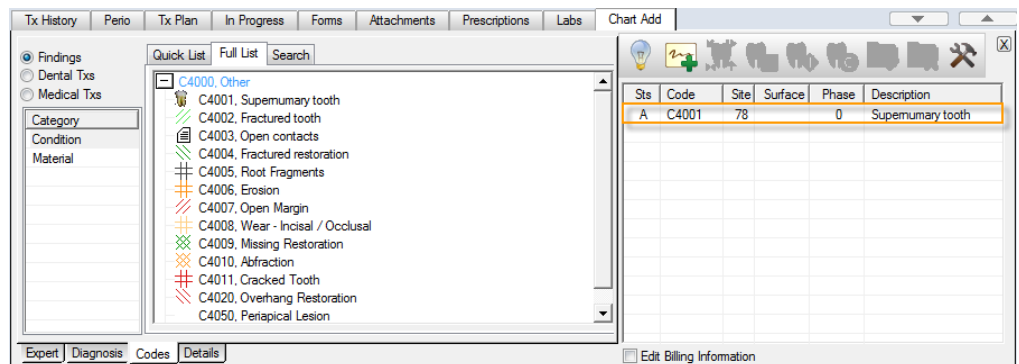
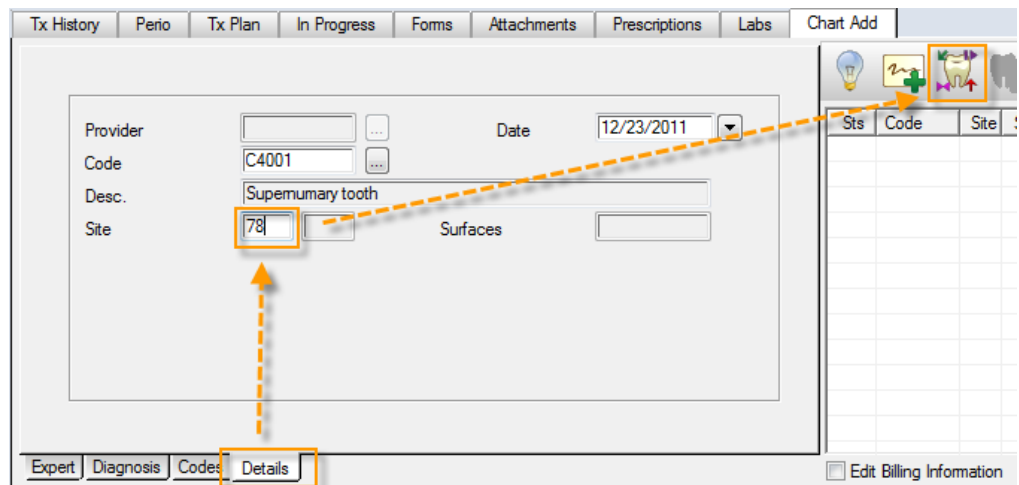
Helpful Hint

These instructions are based on assumption that a condition 'Supernumary tooth' has been configured in axiUm.



- g. Select the 'Details' tab.

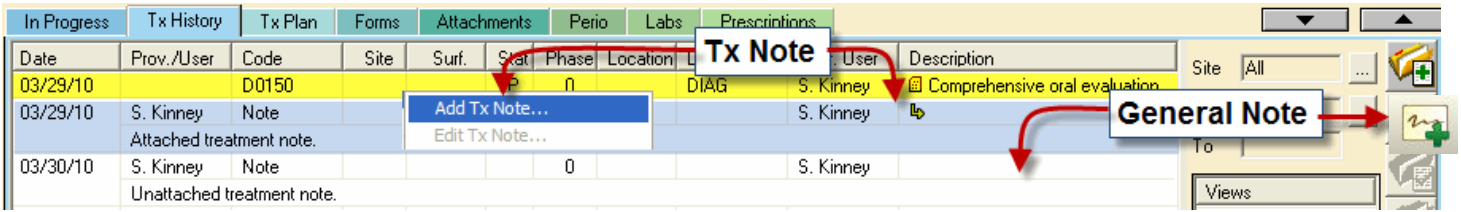
- h. Manually enter the site number in the Site box using the following ADA CDT guidelines:
 - Primary: add 'S' character behind the tooth designation (e.g., an extra tooth next to C would be CS).
 - Permanent: add 50 to the tooth number (e.g., an extra tooth next to 28 would become 78).
- i. Click on the 'Add Findings' icon.



- 5. The 'Site' number will show as added but no associated image will display on the odontogram.

Adding Notes to Tx History Window

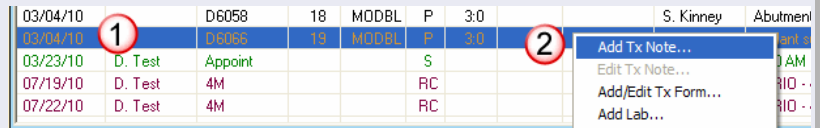
AxiUm offers two methods for adding notes to the *Tx History* window: *Tx Notes* & *General Notes*.



Tx Notes — Should be used in virtually all cases —

How

1. Highlight the tx code
2. Right mouse click, select *Add Tx Note*



When

- On first visits or visits with no single tooth treatment, attach your note to the consult code.

09/26/08	D0150		C	0	MCGC14 DIAG	Comprehensive oral evaluation
08/29/08	Note			0	MCGC14	Medical and Dental history; extra and intra oral soft tissue exams; identified and charted missing teeth, existing restorations, & pathology; radiographs; Discussed Tx plans for mand. implant supported denture with maxillary removable denture (per Dr. Baker). took photos.

- On first visits with treatments and all subsequent visits regarding that treatment, attach your note to the original treatment code.

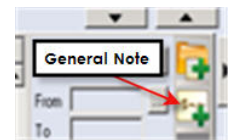
03/09/10	D2954	29	C	2:1	MCGC14 REST	Prefab post and core, w/ crown
09/03/09	Note	29		2:1	MCGC14	Rev. rec. and films. Tooth #29 recommended for removal. Implant may be placed later. This tooth should be done by the oms resident surgically to retain as much of the bone height as possible. Pat has not committed to an implant at this time. Need oms consult.
09/08/09	Note	29		2:1	MCGC14	RMH. No changes. Evaluated endo tx #29. IRM came out since last appt and secondary decay was evident. Mental block w/ 1 carpule lido w/1:100000 epi. Isolated. Removed decay. Checked and verified sound borders. Removed gutta percha w/ GG 2,.4,6. Reference point= lingual cusp tip= 13mm to remaining gutta percha. Cleaned. X-ray taken. Removed 2.3mm more to achieve adequate depth. Injected Reasil Rigid as short term provisional for lunch. Pt will return this afternoon for another x-ray, post prep and insertion. All decay is removed, but

In the image above, the tx code shows the date of completion and the notes display the date of each visit, building a clear history of progress on the treatment.

General Notes

How

Click on the *General Note* button on the right side of the *TX History* window.



When

- writing general review notes not associated with specific tx
- By faculty and hygienists when writing observations or recommendations before tx is added to patient record
- By providers when multiple tx are put in process or completed on the same day.



If a tx note is attached to a single tx, the note will not display if the *Tx History* window is sorted to a limited site view that doesn't include that tx. *General Notes* remain on display even with site number sorts.

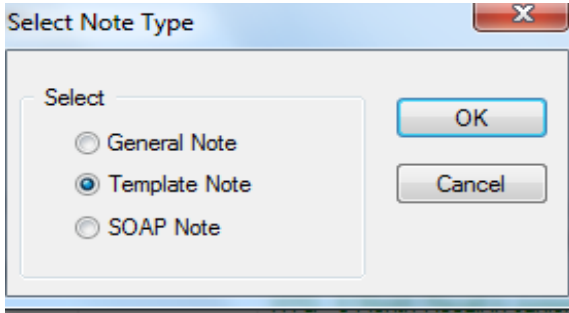


AxiUm Cheat Sheet for Adding Clinical Notes



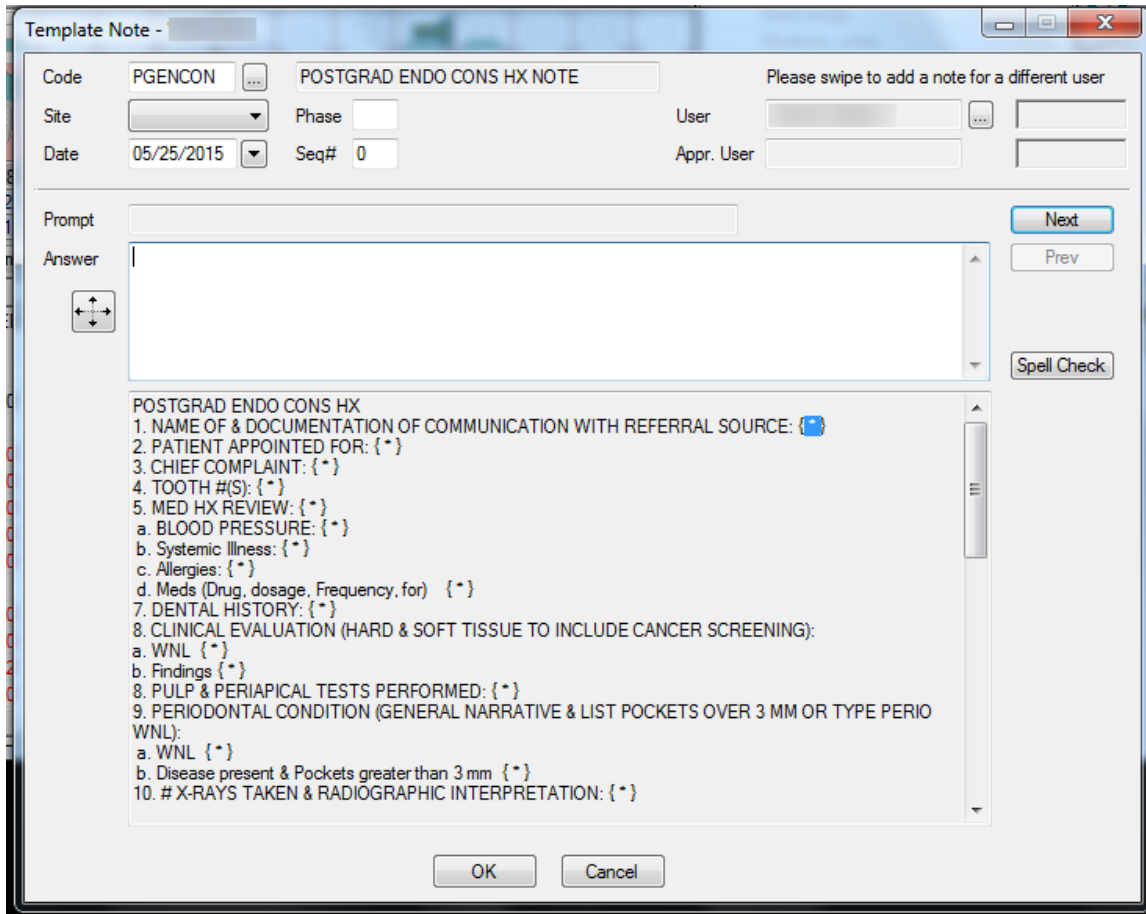
Using Template Notes

-  In the EHR module, Tx History tab
- Hit the Add Note button  (top or bottom toolbar)





Select Template Note

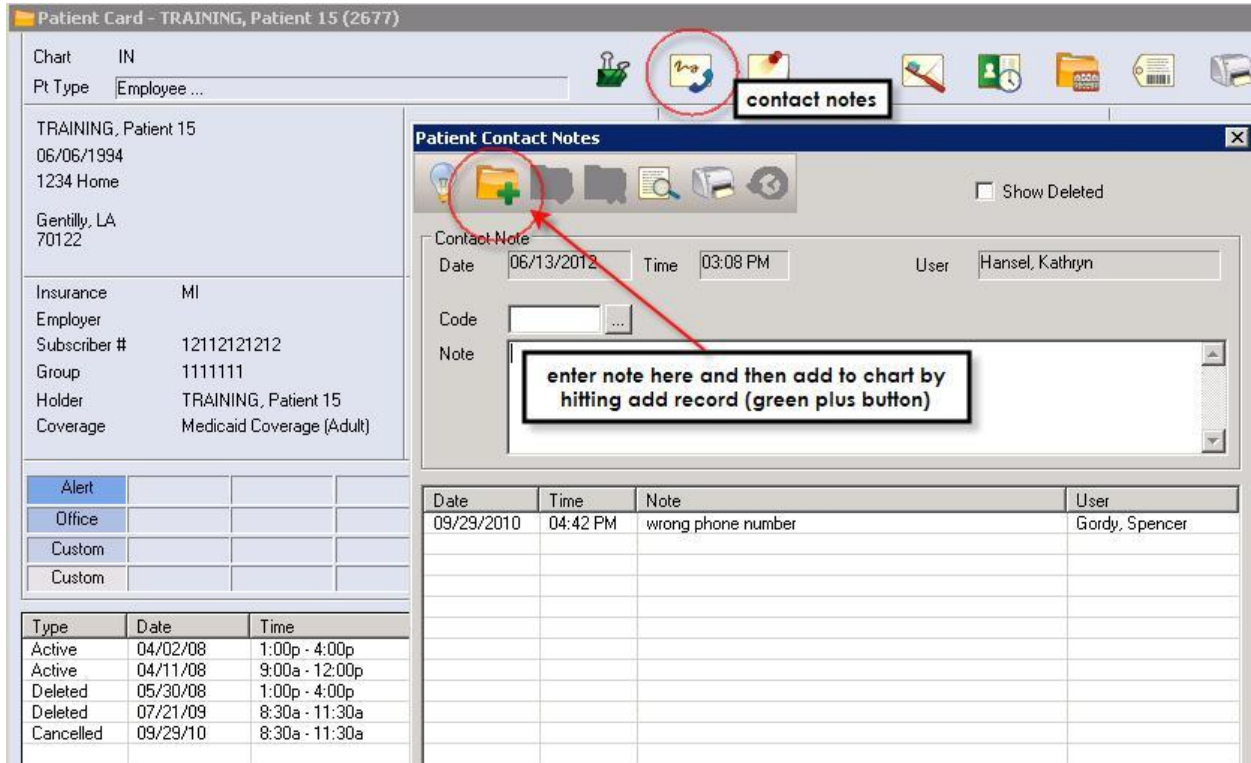
- In next window, choose a specific note guide for a department, hit the ellipsis button next to Code ...
- Select the note template code. Add text in areas where asterisks appear. Hit OK to save.



Axium Cheat Sheet for Adding Contact Notes to a Patient Record

Open patient record in **Rolodex**. 

Open **Patient Card** by clicking on patient name in status bar at bottom of screen or patient chart icon  in middle of rolodex screen.



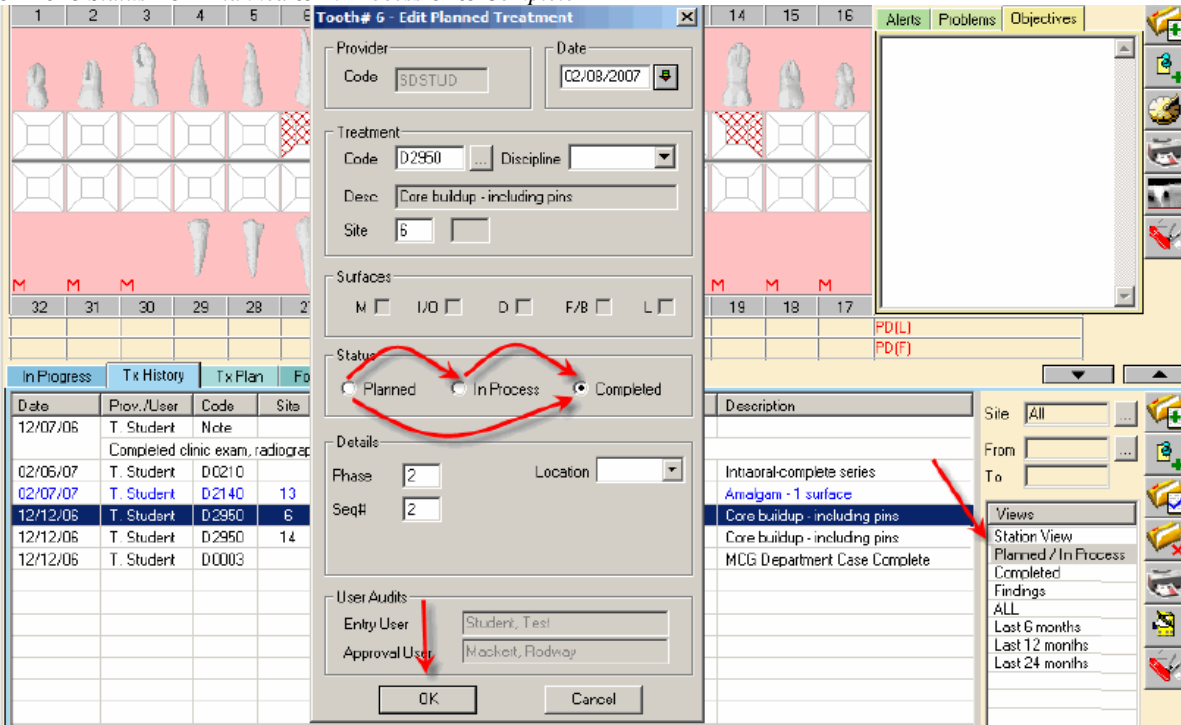
Click on contact notes icon. Type in notes in note window.

Click on ADD patient record icon to add contact note.

Kathy Hansel
Axium Support
504.941.8139
Room 2305

Completing and Approving Treatment

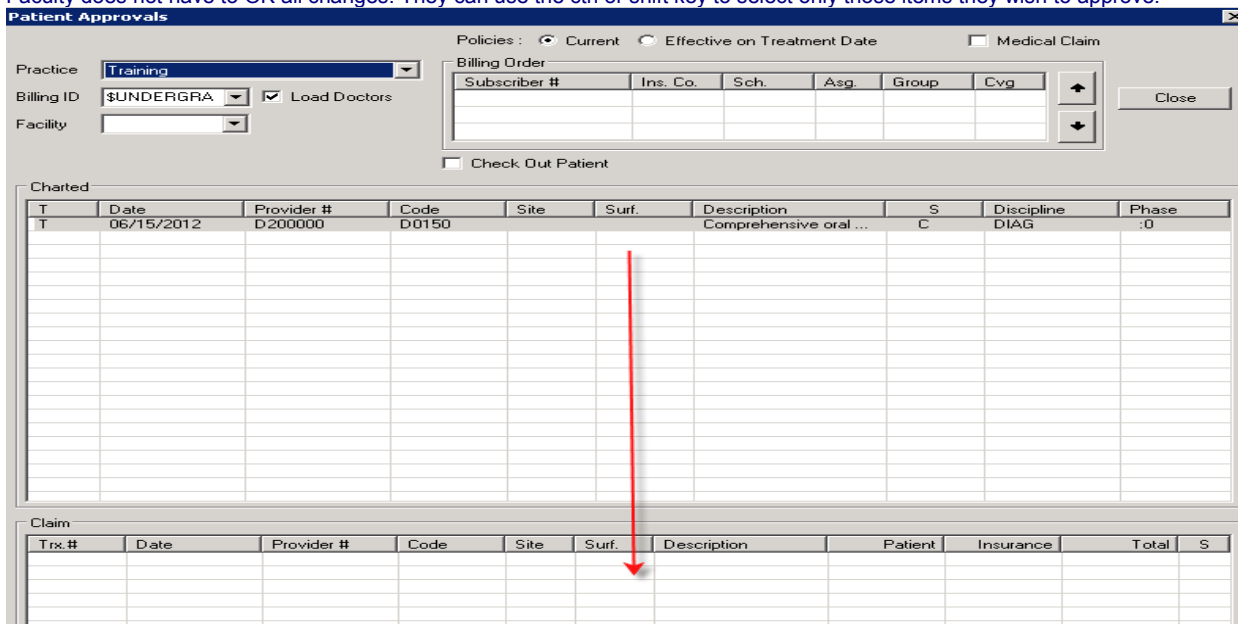
1. With patient selected, open EHR, **Tx History** tab. Students change *View* to *Planned/InProgress* for faculty review.
2. Select a line of planned TX and double click.
3. Move *Status* from *Planned* to *In Process* or to *Complete*.



4. Click OK. For students, the treatment will now appear in blue on the Tx History screen indicating that it requires approval. For faculty and residents, the treatment automatically is approved and goes to billing.
5. To send the treatments to billing, faculty **MUST** approve the change. Click on the aqua-colored chart box at the bottom of the screen.

Patient: Ima4 (U17) T7538


6. This opens the *Check Out Patient* window. Faculty approve by entering their approval code, moving all highlighted tx to the *Claim* screen on the bottom, signifying that the treatment charges have gone to *Billing*. Faculty does not have to OK all changes. They can use the ctrl or shift key to select only those items they wish to approve.




7. Click close and the screen closes, the approved lines of treatment turn from blue to black, and the chart number box (if emptied) turns to grey.


Messenger

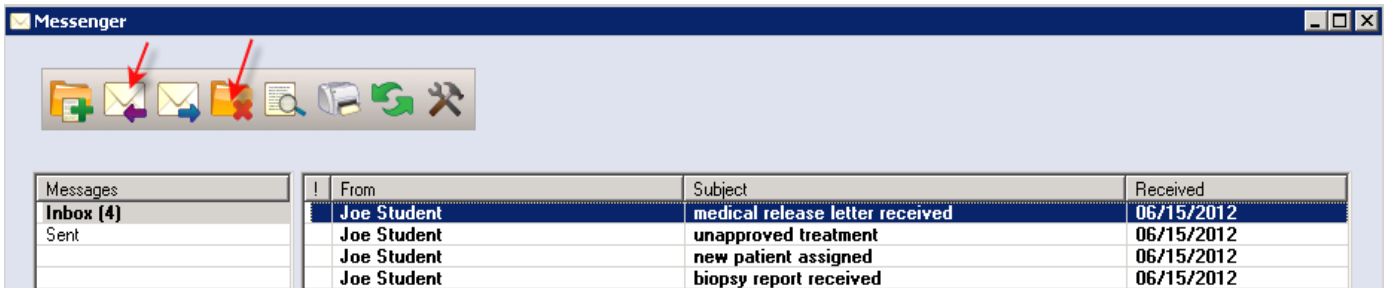
Axiom Messenger is used primarily for patient purposes.

If you have unread mail, the Messenger box at the bottom of the window will display an envelope with a blue or red (high priority) background  Mar 18, 2011.


If you have no mail or have read your mail, the box will display an envelope with a white background. 

To Check Mail

- Click on the envelope button.  Mar 18, 2011
- Read any messages that have subject lines other than *New Patient Assigned* or *Patient Overdue*.
- Messages are sent whenever a medical release letter or biopsy report is scanned into one of your patients' records or when you have Unapproved treatment in a patient's chart.





To Send a New Message

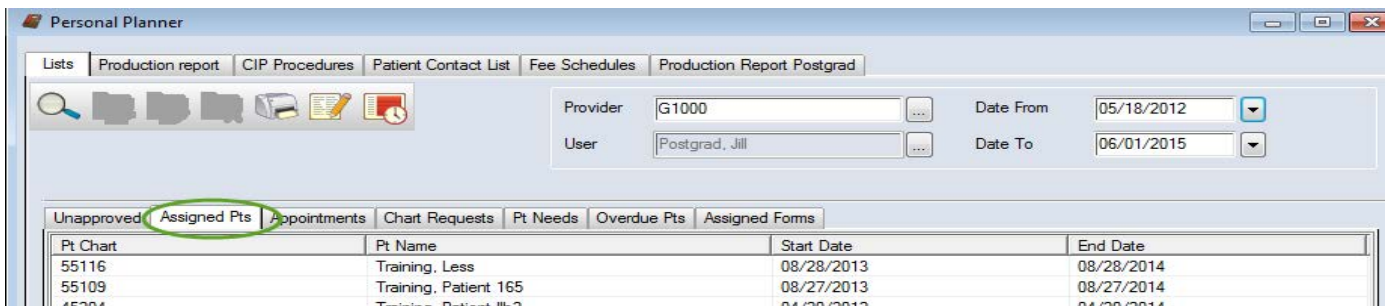
- Click on the new message button- green plus sign
- Type last name of recipient in the To field- add a subject line and click in the text box to enter the text of your message- Send. Options button allows you to see messages > 4weeks old and other settings. 

To Delete Messages

- Highlight all the messages you want to delete. You can select the first message, hold down the shift key, and select the last message to select a number of contiguous messages. You can select the ctrl key to select non-contiguous messages.
- Click the red X to delete. Most (all) Messenger messages can be deleted without consequence.

To view New Patient Assignments

- Click on the *Personal Planner* button. 
- Click on *Assigned Patients* tab.
- Click the *Search* button. 



Axiom Cheat Sheet for Viewing Photos in Patient Records

To view photos:



click on the rolodex icon to open the patient record. Type in the patient's last name in the middle of the screen at the blinking cursor. Hit enter. Select the patient record and double click. When patient's name appears at the bottom of the screen and the patient information appears in the rolodex card, you have opened the patient record. Patient gender and age appear in parentheses next to the patient name at bottom of screen.



Attachments icon- click on this module – under Section- choose *Images- Photos* tab-
Double click on entry to view photo. To view radiographs, choose the *Radiographs* tab and double click on an entry.

Kathy Hansel 504-941-8139
Room 2305

Axiom cheat Sheet for scanning photographs into a patient's record:

To add photographs/radiographs:

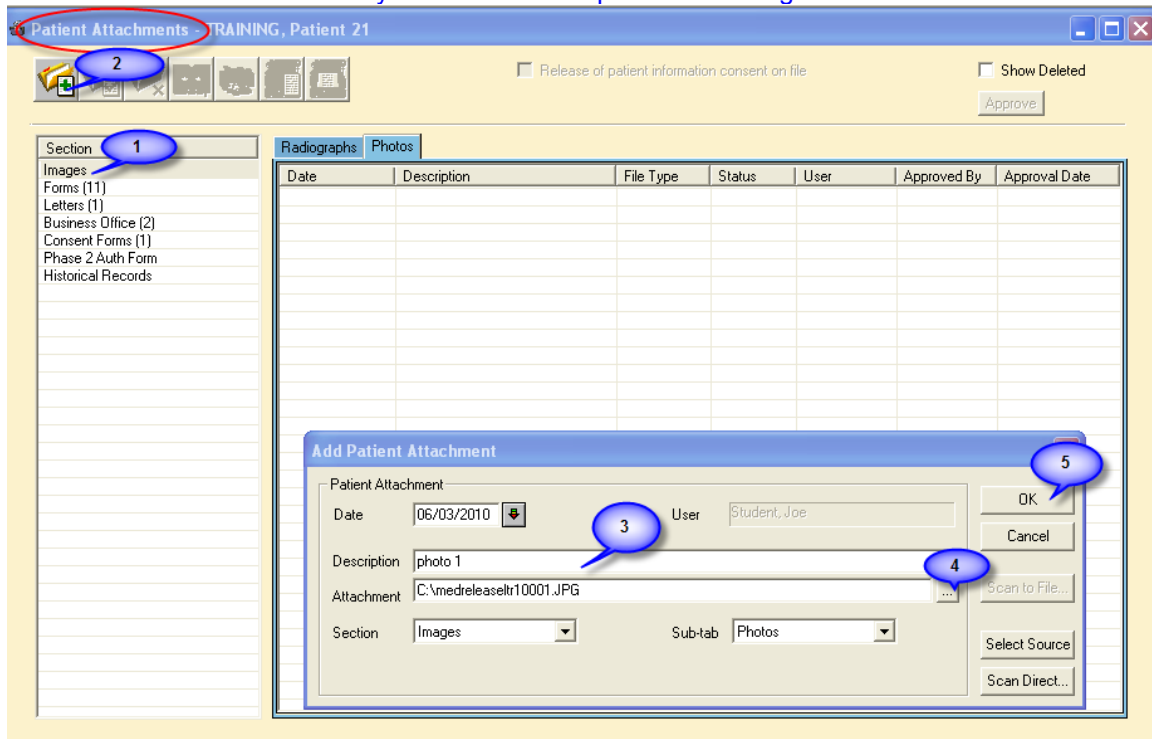
- first scan the photo/radiograph and put it in a jpeg file on your computer.

In axiom:

- open patient's record in Rolodex- go to Attachments icon- paper clamp- (or EHR- attachments tab)
1-choose Images section- Photos/radiographs tab-
2-create new record (chart and + sign)
3-type in a description


- 4-Hit ... ellipsis button next to attachments field- find the file that holds the scanned image-
double click-so the filepath shows in the window-
5-hit OK



You should see a line with today's date and description of the image in the window now.



Axiom Cheat Sheet for Opening Consult Forms

Open the consult form and answer required questions before the consulting doctor enters the cubicle.

In the EHR module, go to Forms tab 

Hit the **Add Patient form** button on upper right toolbar  or Create New Record 

Use these forms to refer to:

PG Perio consult- PEREF

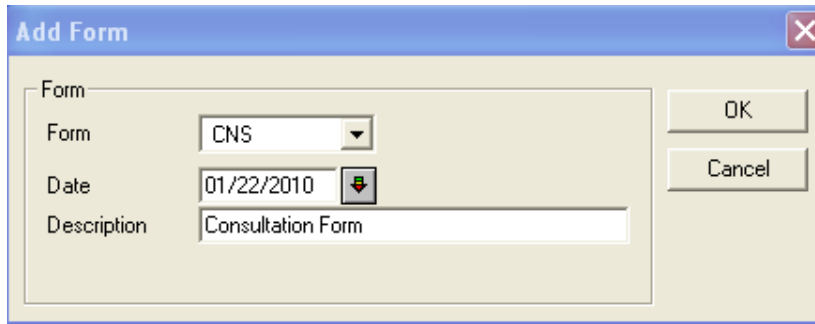
PG Endo- ENDX

Oral Surgery- SURGRE

Oral Pathology – PATH

PG Pros, Ortho, GPR- CNS

Choose CNS from the Form drop down menu- OK



Add Form

Form

Form: CNS

Date: 01/22/2010

Description: Consultation Form

OK

Cancel

Answer the first 4 questions, so that the consulting doctor can continue at that line.

Form Question	Answer	Date
Louisiana State University School of Dentistry		
New Orleans, Louisiana		
Consultation Form		
Date of Consultation request:	01/22/2010	01/22/2010
Please reference entries in the treatment and progress notes in the Dental Chart		
From the department of:	Hygiene	01/22/2010
To the department of:	Oral Pathology	01/22/2010
Reason for consult:	pt has suspicious lesion	01/22/2010
Consulting Doctor:		
Reply to consult request:		

Adding and Signing PG Treatment Consent Forms

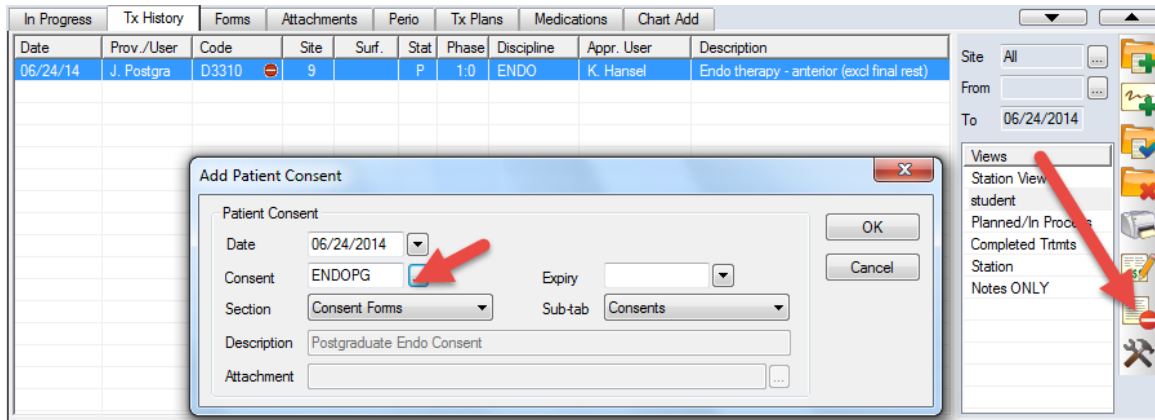
Open the patient's chart in the Rolodex

Select procedure in EHR- Tx History

Click on **Add Patient Consent** icon on side toolbar

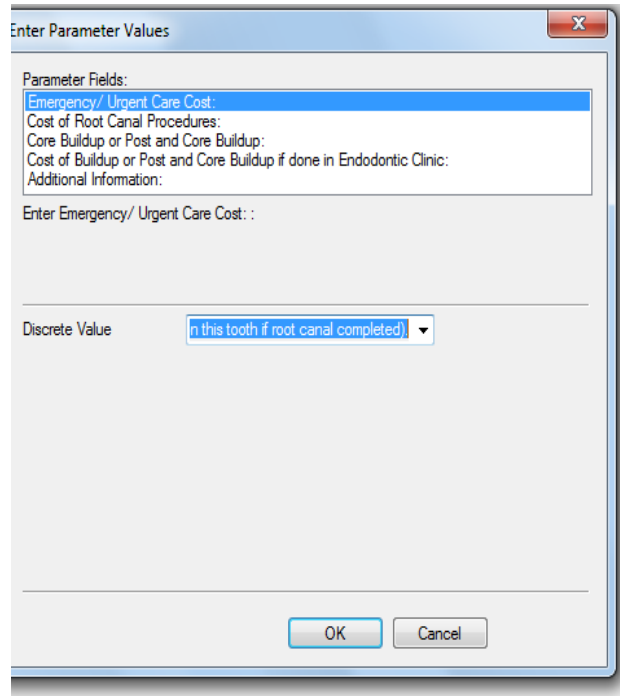
Click on **ellipsis button** (three dot button) to find the consent in list- double click on consent so that code appears in box

ENDOPG for Endo treatment, **IMPSUR** for Implant surgery consent



Hit **OK** button in **Add Patient Consent** window- Select planned procedure from list

*****Select each line in Enter Parameter Values window and enter information**




Do not hit OK until each line has been selected and values entered, this information appears on the finished consent in the appropriate lines.

Tooth # (s): 9
 Emergency/ Urgent Care Cost: \$125 (Credited toward cost of Root Canal on this tooth if root canal completed)
 Cost of Root Canal Procedures: \$565.00
 Core Buildup or Post and Core Buildup: To be done by Restorative Dentist
 Cost if done by LSU Doctor in Postgraduate Program: \$57.00
 Cash, Check, Visa, MasterCard or Discover card prior to scheduling an appointment is expected.
 I understand and accept the TREATMENT PLAN as stated above and agree to the financial responsibility for the total I have agreed to as listed above:
 Additional Information:

(See next page)

Image of consent appears so that patient could view it- patient should have been given a copy on a clipboard to read before signing

6-Close window with red X at top right of window 

7-Patient Signature window appears- **have patient sign and hit OK**

8-Witness signature window appears- **type your name and sign**


(Some consents have an additional window for doctor's name and signature)

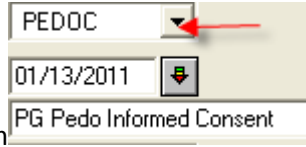
You should now see the name of the consent with today's date appear in the list- double click on it to view.

Kathy Hansel 504.941.8139 khanse@lsuhsc.edu

PG Pedo Informed Consent Form Instructions

Resident/Student- EHR module (Electronic Health Record)- Forms tab

1. Create new record-  - top toolbar- opens Form window- select




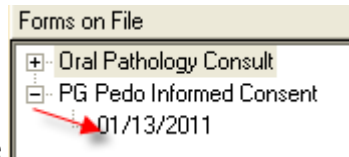
PEDOC
01/13/2011
PG Pedo Informed Consent

2. Complete the numbered questions on the form beginning with - *1) Recommended Treatment*
3. Send parent/guardian to front desk.

Front Desk- patient signs the PG Pedo Informed Consent form

Find the Form that needs to be signed in the EHR module:


1. open patient record in Rolodex- go to EHR-  tab- Forms on file list- PG Pedo Informed



Forms on File

- + Oral Pathology Consult
- PG Pedo Informed Consent
01/13/2011

Consent- click on date

2. Form opens- click on Sig Required button-  patient signs form.

Kathy Hansel 504.941.8139 Room 2305

Production Report- Postgrad Residents

Info manager  - module-  tab-


Production report- Print-

Select Report Type (Summary or detailed)

Select date range

OK

To print, select  on top toolbar

To export to another format, select  on top toolbar.

INDICATIONS FOR MEDICAL INFORMATION REQUEST

This is not a complete list of conditions requiring medical consultation before dental treatment. It is only a guide to help students recognize common conditions that may require a physician's advice and/or recommendations before treatment. The supervising dental faculty has the final discretion to consider the risks of dental treatment and to seek medical consultation for a medically complex patient.

Condition	Important Considerations	Specific Concerns	Consult Priority
<u>Cardiovascular Disease</u>			
Acute Coronary Syndrome ACS, angina pectoris (coronary artery disease CAD)	Stable or unstable, frequency, last episode, meds, NTG, ASA, BB; limit epi, short procedures	S, A	1
Anticoagulant Therapy	Request HPE & latest labs (INR, PT, PTT); dose reduction/bridging as Rx'd from physician	B	1
Arrhythmias	Medication precautions...	S, A	2
Bacterial Endocarditis	Follow AHA guidelines or physician's directions	I	3
Cardiac Prosthesis Disease	Follow AHA guidelines or physician's directions	I, B	3
Cardiac Stent/CABG	AHA antibiotic prophylaxis up to 30 days from stent placement, possibly up to 6 months. Antiplatelet meds continued, use local hemostasis measures.	I, B	2
Stroke, TIA, CVA, CrbV	CVA proximity (defer 1--6 months after); ischemic or hemorrhagic?, anticoagulant meds (INR, PT), use of vasoconstrictors	S, B	2
CHF, HF	Usually right HF, echocardiogram/LVEF; SOB, meds...		1
HTN	BP>140/90 - MIR for upper Stage 1 HTN BP>160/100 - MIR in Stage 2 HTN BP >180/100 - refuse Tx, reject, refer to physician	S, A	2
MI	How recent, severity, med interactions, defer elective tx w/in 6 months of MI	S, A	2
<u>Blood/Oncology</u>			
Anemia	Uncontrolled - Hbg, Hct; aplastic, hemolytic, hemorrhagic; sickle cell, nutritional deficiency (iron, B ₁₂), leukemia; if severe, request HPE & labs	S, B	2
Bleeding, Clotting and Platelets disorders	Coagulation factor deficiencies (hemophilia, vonWillebrand's...); platelets (TCP, liver disease, drug-induced...); Vascular (Ehlers-Danlos, Cushing's, purpura...); Stroke, hemodialysis, medications: Anticoagulants (warfarin, heparin) 3 days to clear; Lovenox, Pradaxa, Xarelto Antiplatelets (aspirin, clopidogrel); Level of bleeding control & procedure invasiveness; may Tx if INR < 3.0 for coumadin	S, B	1
Blood Dyscrasias	Bone marrow failure (platelets, RBC; WBC >1M); plasma cells, multiple myeloma...	S, I, B	1
Cirrhosis	Causes (HBV, HCV, alcoholism, acites, jaundice...) bleeding, drug metabolism; request HPE & LFTs (PT, PTT, INR...)	B	1
Hepatitis	HepA, HBV, HCV, Hepatitis D, Hepatitis E, request HPE, serology, & LFTs (PT, PTT, INR...); if report HCV "cure" (vs. controlled chronic condition), get LFTs	B	2
HIV/AIDs	Request latest HPE & CBC, T-cell count (esp. CD4 < 200/ml), viral load (high > 50K; low < 50), list of meds (ART)	I, B	2
Malignancies	Type, remission, surgery/chemo, tx dates, defer elective tx, organ system function, chemotherapy, immunocompromised, medications...	S, I, B	2
Hx Radiation of Head and Neck	Active or recent? (tx dates), field of radiation (mouth vs. neck) defer elective tx*, current HPE, limitations; *MIR: how long to defer elective tx?	S, I, B	2
Chemotherapy	Less than 3mo, RBC lifespan 4mo (# chemo cycles), IV-ARs, BisPs (bone cancer)	S, I, B	1
Immunotherapy	Tx completion date, current HPE; if active, refer GPR	S, I, B	2

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Condition	Important Considerations	Specific Concerns	Consult Priority
<u>Endocrine</u>			
Adrenal Disorders (Cushing's, Addison's), pheochromocytoma	Stress, BP, infection, glucose metabolism, use of epi	S, A	1
Diabetes Mellitus	Uncontrolled, DM1 > DM2, hyper- or hypoglycemia, diabetic coma, seizure; HbA1c ≥ 7%, RBG safe tx range: 80--250 mg/dL	S, I	2
Steroid Therapy	Chronic autoimmune diseases, HRT, MIR: steroid supplementation needed?	S, A, I	2
Thyroid Disease	Uncontrolled, CVD manifestations, hx myxedematous-coma or thyroid crisis, use of epi & respiratory depressants; undiagnosed goiter/nodule	S, A	2
<u>Neural/Psychiatric/Orofacial Pain</u>			
Stroke, TIA, CVA, CrbV	CVA date (defer 1--6 months after); ischemic or hemorrhagic?, anticoagulant meds (INR, PT), use of vasoconstrictors	B	2
Epilepsy; seizures	Frequency/type (generalized, focal, static epilepticus), proximity of last seizure, Rx meds (Gingival hyperplasia, increased BT, TCP...)	S, B	2
Psychiatric Disorders, PTSD, panic; major depression, bipolar, schizophrenic	Level of control, compliance, Rx or injectable drug interactions, use of epi?	S, A	2
Decreased mental ability (Alzheimers/ dementia/delirium)	MIR: request stage of disease; Rx med interactions, medico-legal concerns	A	3
Parkinson's, Huntington's, MS, Myasthenia Gravis	Difficulty breathing; avoid procaine; ASA, opioids, barbiturates; tetracyclines, clindamycin, lincomycin, sulfonamides, and aminoglycosides; bruxism; keep short appointments	S, A	2
EtOH/Substance abuse	Delirium tremens	S	2
Syncope	Cardio- or neuro-genic, vasovagal response, orthostatic hypotension	S, A	2
Serotonin Syndrome, Malignant Syndrome	Neuroleptic Meds for bipolar/depression/schizophrenia; adverse reaction from excess serotonin, neuroleptic, or antipsychotic drugs on peripheral/CNS; caution when dentist Rx's meds	S, A	2
<u>Gastrointestinal</u>			
Cirrhosis		I, B	1
Hepatitis	Hepatitis A, HBV, HCV, Hep D, Hep E, MIR: request HPE, serology, & LFTs (PT, PTT, INR...); get LFTs if report HCV "cure" (vs controlled chronic condition)	I, B	2
(End-Stage) Liver Disease	Alcoholic, autoimmune, malignancy (including bile duct), cholangitis, hemochromatosis (Fe), Wilson's dse (Cu)... request HPE & LFTs (PT, PTT, INR...), get CTP class (Child-Turcotte-Pugh)	S, I, B	2
IBD (Crohn's, ulcerative colitis, pseudomembranous colitis, C. diff)	Chronic meds (steroids, immune modulators), antibiotic use, steroid supplementation?, avoid NSAIDS	S, A, I, B	2
Peptic ulcer disease, GERD	MIR if poorly controlled; asthma may be associated with GERD, esophageal sphincter tone may be poor & higher risk aspiration; caution when using N ₂ O	S, A	2

INDICATIONS FOR MEDICAL INFORMATION REQUEST

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Condition	Important Considerations	Specific Concerns	Consult Priority
<u>Respiratory</u>			
Asthma	MIR if uncontrolled, get stage (mild intermittent, mild persistent, moderate persistent, severe persistent), frequency of inhaler use, hx steroids, hospitalizations/emergencies, PFTs	S, A, I	2
COPD (emphysema, chronic bronchitis)	Stage 1-4 (severity)?, N ₂ O contraindicated if severe	S, I	1
Tuberculosis (unknown or active)	Active TB or no prior tx, No Tx--refer to ER; defer dental tx until after TB treated	I	1
Sarcoidosis	Immune suppr, level of imm-compr, organs involved	I, S	2
Hx ARDS	Reason, dates, severe SOB, pneumonia, sepsis, depression, decreased mental abilities,... use of N ₂ O may be contraindicated	I, S	2
Scoliosis	If severe with decreased lung function; short appts	S	3
Cystic fibrosis	Thick body secretions, SOB, heart disease, DM, intestinal obstructions, immune suppression, osteoporosis; *Refer to pediatric dentistry	I, A, S	1
<u>Skin/Mucosa/Musculoskeletal</u>			
Prosthetic Joint Replacement	If recent placement, get orthopedic surgeon recommendations, PJP antibiotics for hx joint infection (rx by orthopedic surgeon), or immunocompromised, autoimmune disease, uncontrolled DM, or hemophilia; steroids, anticoagulant meds...	I, B	2
Antiresorptive tx (bisphosphonates, denosumab...)	MRONJ risk, IV or PO; duration; concurrent meds (steroids), proposed dental tx Osteoporosis: if <4 years (PO only)--do MIR for surgery; not likely for general dentistry if >4 years (PO only)--do MIR (may consider 4 mo pre-tx drug holiday & 2-mo post-op) Bone Cancer or Injectable: do MIR (same risk for annual or monthly injectibles)	I	2
<u>Genitourinary</u>			
Dialysis/CKD/ESRD	Request HPE & RFT labs (GFR, CR, BUN), disease staging, concomitant diseases, precautions; anticoagulants (get INR if coumadin), prophylactic antibiotics..., contraindications (meds,...); Dental tx next day after dialysis. May refer to GPR.	I, B	1
HIV/AIDs	Request latest HPE & CBC, T-cell count (esp. CD4 < 200/ml), viral load (high > 50K; low < 50), list of meds (ART); current HPE	I, B	2
<u>Other</u>			
Other autoimmune (ex; celiac, sarcoidosis, SLE, Sjögren's, RA, ITP)	Level of control, concomitant diseases, Rx meds (steroids, immunologics...), invasiveness of tx	S, I, B	2
Cell or organ transplants	<u>Pre-transplant</u> --OK emergency tx & disease control <u>Recent transplant</u> --emergency tx only, likely Ab prophylaxis (Rx by physician), defer elective tx <u>Stable post-transplant</u> --PRN Ab prophylaxis (Rx by physician); effects of anti-rejection meds; routine tx likely OK	S, A, I, B	1
Undiagnosed lymph node involvement; new or acute without explanation	If hard, fixed, non-painful presence get Oral Pathology or OMFS consult. If chemo or radiation tx, get MIR	S, I, B	2
Poor or reluctant historian	Pt. unsure, non-compliant, meds unknown; multiple meds don't match with given hx. Physician must provide info before dental tx done. Current HPE.	S, I, B	2
<u>Females</u>			
Pregnancy	1st/3rd: preventive or emergency treatment only; 2nd: elective OK (consult for Rx or injectable meds). Limit local anesthetic use. Do NOT use N ₂ O for pregnant patients	S, A, I, B	1 (1st trimester) 2 (2nd/3rd trimester)
Lactating / breast-feeding	Get info for Rx or inj. meds secreted in breast milk	S	3

INDICATIONS FOR MEDICAL INFORMATION REQUEST

PRIORITY & CONCERNS

Consult Priority	
1 always done	poor disease control recent surgery multiple systemic diseases
2 sometimes done	level of disease control patient's knowledge of disease concomittant diseases
3 rarely done	if established guidelines are available if well-controlled disease & knowledgeable patient
Specific concerns checkboxes:	
S Stress	physiologic stress, taxing recovery
A Anxiety	psychological, emotional, phobias
I Infection	immunocompromised, uncontrolled diabetes, prosthetic joint or heart valve, history of joint/valve infection
B Bleeding	anticoagulant or antiplatelet drugs extrinsic pathway: factors V, VII, and X; thrombin intrinsic pathway: factors V, VII, IX, X XI, XII; prothrombin, thrombin

GLOSSARY


Ab	antibiotic
ACS	acute coronary syndrome (formerly CAD)
AHA	American Heart Association
Alzheimer's Disease Stages	preclinical; mild cognitive impairment (MCI); moderate dementia; severe dementia
ARs	anti-resorptive meds (BPs and denosumab)
ARDS	acute respiratory distress syndrome; usually noted only in severely ill hospitalized patients, low O2, life threatening, brain, kidneys, heart
ART	anti-retroviral therapy
ASA	aspirin (acetyl salicylic acid)
Asthma stages	mild intermittent; mild persistent; severe perisitent
BB	beta blocker (caution with epi if non-selective BB)
BisP	bisphosphonate (alendronate, ibandronate, risedronate and zoledronic acid)
BP	blood pressure
BT	bleeding time
BUN	blood urea nitrogen: Normal 7-25mg/dL; increased BUN = decreased renal fxn
CA	cancer, carcinoma
CABG	coronary artery bypass graft
CAD	coronary artery disease (currently termed ACS)
CBC	complete blood count (RBCs, WBCs, Hbg, Hct, platelets)
CD4 count (T-cell count)	normal 500 - 1500/ μ L; if < 200, then AIDS (acquired immunodeficiency syndrome)
C. diff	Clostridium difficile (bacterium associated with pseudomembraneous colitis)
CHF	congestive heart failure
CKD	chronic kidney disease
COPD	chronic obstructive pulmonary disease (includes emphysema or chronic bronchitis), Stages: 1. mild, 2. moderate, 3. severe, 4. very severe
CPT class	Child-Turcotte-Pugh classification of liver disease
CR	serum Creatinine; Normal 0.5-1.5mg/dL; if hi = increasing renal failure
CVA or CrbV	cerebrovascular accident (stroke)
CVD	cardiovascular disease
Delirium tremens	rapid onset of confusion by withdrawal from alcohol/substances
DM1	diabetes mellitus, type 1
DM2	diabetes mellitus, type 2
dse	disease
epi	epinephrine (Adrenaline)
ESRD	end-stage renal disease
EiOH	alcohol (ethanol)
GERD	gastro-esophageal reflux disease (heart burn)
GFR	glomerular filtration rate, a measure of renal function: Normal >90 mls/min/1.73m ² ; <60 low function; <15 is renal failure (usually on dialysis, awaiting kidney transplant)
GPR	general practice residency (dentistry)
HbA1c	hemoglobin A1c (glycated or glycosylated hemoglobin); normal 4-5.6%, increased risk for DM 5.7-6.4%, >6.5% indicates DM; with diagnosed DM, good control is HbA1c <7%
Hbg	hemoglobin (normal: male 13-17 g/dL, female 12-16)
HBV	hepatitis B virus
Hct	hematocrit (normal: male 38-50%, female 35-45)
HCV	hepatitis C virus
HPE	history and physical examination (physician)
HRT	hormone replacement therapy
HTN (HBP)	hypertension (high blood pressure) normal < 120/80; Stage 1 \geq 140/90; Stage 2 \geq 160/100 mmHg

INDICATIONS FOR MEDICAL INFORMATION REQUEST

GLOSSARY

IBD	irritable bowel disease
INR	international normalized ratio; normal 0.8-1; most therapeutic goals are 2.0-3.0; (related to PT)
ITP	idiopathic thrombocytopenia
IV	intravenous
LFTs (hepatic profile)	liver function tests (ALT, ALP, AST, GGT, T. Bilirubin, T. protein...)
LVEF	left ventricular ejection fraction; normal 55-70%; low 40-55%; <40% indicates HF; <35% likely life-threatening arrhythmias
MI	myocardial infarction (heart attack)
MIR	medical information request
MRONJ	medication-related osteonecrosis of the jaws
MS	multiple sclerosis
Myxedemetous coma	severe uncompensated hypothyroidism leading to a decreased mental status, hypothermia, dyspnea, decreased multiple organ-system fxn (rare medical emergency with high mortality)
N₂O	nitrous oxide inhalation sedation
NSAIDS	non-steroidal anti-inflammatory drugs
NTG	nitroglycerin
PFTs	pulmonary function tests (spirometry, TLC, RV; gas diffusion-ABG & CO ₂ ; inhalation challenge; washout...)
PJP	prosthetic joint prophylaxis (see Clinic Policy Manual, Sec 26)
Platelets	normal =150K - 450K/ μ L; low <50K/ μ L = bleeding risk
PO	by mouth (per oris)
PRN	as needed or if needed
PT	prothrombin time, normal 11-13.5 seconds,
PTSD	post traumatic stress disorder
PTT	partial thromboplastin time, normal 25-35 seconds
RA	rheumatoid arthritis
RBC	red blood cells (normal count: male 4.2-6.0M/ μ L; female 4.0-5.5M/ μ L)
RBG	random blood glucose (NON fasting)
RFT	renal function tests (albumin, BUN, CR, electrolytes...)
Rx (Rx'd)	prescription/prescribed medications
SLE	systemic lupus erythematosus
SOB	shortness of breath
TB	tuberculosis
T-cell (or CD4) count	normal 500 - 1200/ μ L; if < 200, then AIDS (acquired immunodeficiency syndrome)
TCP	thrombocytopenia (low platelet count or function)
Thyroid crisis (storm)	severe uncompensated hyperthyroidism leading to major stress (trauma, heart attack, stroke, infection) and causes dangerously high heart rate, blood pressure, body temperature; dyspnea, confusion, coma, death (rare medical emergency with high mortality)
TIA	transient ischemic attack (mini-stroke)
Viral load (for HIV)	HIV: high > 50K/mL; low 20-500; undetectable < 20; HCV: high > 800K/mL
WBC	white blood cells or leukocytes (normal count: 4.4-11.0K/ μ L)

Medical Information Request

<p>Signing Physician's Return Address: (Name, Address, & Phone)</p>	<p style="text-align: center;">Incomplete forms or forms over 90-days old will NOT be accepted. Please complete & return to:</p> <div style="text-align: center;">  <p>LSUHNO School of Dentistry Department of Diagnostic Sciences Phone (504) 941-8052 1100 Florida Avenue, Box 144 New Orleans L.A. 70119</p> <p style="font-weight: bold; font-size: 1.2em;">FAX# (504) 941-8350</p> </div>
<p>RE: Patient _____ Address _____ Phone _____ DOB _____ Chart # _____</p>	<p>PATIENT CONSENT I agree to the release of medical information to LSU School of Dentistry.</p> <p style="text-align: right;">11-November-2015</p> <p>_____ Patient Signature Date Signed</p>

The LSUHNO School of Dentistry is a teaching institution and is requesting further medical information in order to help students make an accurate health assessment and evaluate the risks of dental treatment based on the patients reported medial history as follows:

line1
line2
line3
line4
line5
line6

(maximum 10 lines)

The following dental treatment is planned:

<input type="checkbox"/> Local anesthetic with epinephrine 1:100,000 (epi 0.01 mg/ml)	<input type="checkbox"/> Dental prophylaxis and scaling
<input type="checkbox"/> Nitrous oxide inhalation sedation	<input type="checkbox"/> Endodontics (root canal therapy)
<input type="checkbox"/> Surgery: <input type="checkbox"/> biopsy <input type="checkbox"/> extraction <input type="checkbox"/> gum and alveolar bone	<input type="checkbox"/> Restorations (fillings, crowns)
<input type="checkbox"/> pre-prosthetic bone reduction/grafting <input type="checkbox"/> Implants	<input type="checkbox"/> Prosthodontics (bridges, partials, dentures)

Specific treatment concerns:

stress anxiety bleeding infection send Health & Physical Exam

Other line1
line2
line3
line4
line5

(maximum 10 lines)

Attending Faculty /Dental Student Names/Contact # _____

Medical Information Request

RE: Patient	_____
Address	_____
Phone	_____
DOB	_____
Chart #	_____

PHYSICIAN'S RESPONSE (CHECK INDICATE THAT APPLY)

Please circle and advise on special precautions for the following conditions which this patient has and may not have reported: heart disease, cerebrovascular diseases, uncontrolled hypertension, bleeding disorders, diabetes, kidney disease, hepatitis, autoimmune diseases, immune-deficiencies, infectious diseases, asthma, pulmonary disease, cancer, head and neck radiation, chemotherapy, psychiatric disorders, polypharmacy, allergies, or other: _____

DO NOT PROCEED with treatment (please state reason below).

Comments / recommendations: _____

PROCEED with dental treatment without special precautions

Print Physician's Name _____

Physician's Signature _____ Date _____

LSUHNO- SCHOOL OF DENTISTRY USE ONLY

Follow physician's advice above.

Reject for UG clinics ; refer to: _____


Treat, but observe the following precautions:

Authorized LSUHNO-SOD Signature _____ Date _____

Axiom- Treatment Entry for Postgrads- Step-by-Step

- 1) open patient chart in **rolodex**- go to **EHR (tooth icon)**- opens on **Forms tab**
 - 2) check medical history- go to **In Progress** tab- review planned treatment
 - 3) hit **create new record button**  to open **Chart Add tab**
- To Add Findings** (new pt, OD) – choose Findings radio button-  choose Category- choose Caries/Existing Rest/ Conditions from Quick List- select Tooth/Surfaces in odontogram
-  Choose Add Finding  to add to record. This button is for adding findings only, not planned treatment. Once approved, text turns dark pink.
- 4) **To Plan Treatment** –open chart Add tab-select



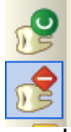
procedure- tooth surfaces on odontogram- select **P**
Planned treatment in status column
Planned trmt- red text
Will process and approve treatment automatically.
Treatment plan / Estimate of fees can be printed for patient to sign, see instructions 

- 5) **If procedure is already on TP (has already been planned) and you want to change the status to In Process or Completed,**

Go to *In Progress* tab and double click on procedure and change to *In process* or *Complete*.
Processes & approves treatment automatically.
If multiple visits are needed for a procedure, click on the proc. and update it as In Process at each visit.

- 6) **To add new treatment completed today-** open Chart Add tab

select procedure from the *Quick List*- site- surfaces if needed-



hit I or C button for in process or complete -

Processes & approves treatment automatically (If edit billing information is unchecked)

If **Edit billing information is checked**, window opens to allow you to review treatment & fee.

Aqua chart number button on status bar- or blue text? means unapproved treatment for the patient 29708

APPROVALS

hit aqua chart # button AT BOTTOM OF SCREEN & ENTER APPROVAL CODE -button turns grey and text turns from blue to black when successfully completed and approved.



Treatment Notes: If a procedure was not done at this visit, enter a treatment note by clicking on the add note button- general note- type in text- add new.

Notes can be attached to procedures with a right click on the procedure or right click a tooth in the odontogram to attach a note to a tooth.

To print a treatment estimate:



In EHR- Tx History tab- right toolbar- Estimate button- highlight items to include or Select All- OK- Estimate window appears: Comment1- type in comments- station will save comment- check signatures needed -Print

Very Important: Charges \$ will not be applied to patient's account until the procedure has been marked as status C for complete and approved.

To add form (consult)- EHR- Forms tab- add patient form



button- select form from drop down arrow (consults-CNS)

Lexi-comp Online

Links- Toolbar

Kathy Hansel 504-941-8139

05/15

axiUm Perio Module Instructions

Open patient chart in Rolodex-



1. Open the Perio Charting



module you will see the most recent exam displayed.

2. Hit the create new record button



Resume entry window appears. To enter a completely new chart select 'No', to resume an old chart click 'Yes'.

3. **Select Perio Date** window appears. **New:** To open the Add Perio window without resuming any of the items in the list.

Resume: To allow users to select an incomplete chart and resume it. This is only enabled if the selected chart is incomplete. This will display the Perio Add window with data filled in from the chart selected.

Edit/Review: To allow users to select an incomplete chart, review it and possibly make corrections. When selected, displays the Perio Add window for the selected date with the title Edit Perio, the Chart Date enabled and the data filled in like when in Resume mode.

Close Off : This closes off an incomplete chart so that they can no longer be edited.

Re-Open: Undoes the closing off of a chart and allows it to be edited. Both Close Off and Re-Open will add another line in the list with today's date in the Audit Date column.

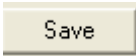
Note :The difference between Edit and Resume is that Edit keeps the perio date as of the date it was first entered. Resume updates the perio date to today.

4. **Choose Exam type** from the drop down

(Initial exam, complete exam. Post-scaling, etc.)

5. **Enter the values** for each category by using the keyboard or selecting the values on the display


screen, some will forward automatically, some values require choosing a site first. Defaults to beginning with Max right-max left-mand left-mand right


6.  To Save: To save your work as you go along.

Clear All: To clear all entries since you last saved.


Clear: Clears the current cell (but does not auto advance so that the user may re-enter the proper value).


Clr Tooth: To clear all 3 values for the tooth. For Yes/No conditions, resets them to their "No" value.


-  To save and close a chart that you wish to resume at a later date


-  To save a completed chart, does **NOT** allow re-entry at a later date to resume the exam


Toolbar buttons:

-  View form history, view a list of forms and see which ones are complete or incomplete, can reenter incomplete exams


-  full mouth view of perio screen

-  can choose to compare selected exams graphically or text only

-  opens the medical history

-  view attachments (referral letter, medical release letters)



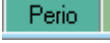

-  print exam

-  select perio display options

Kathy Hansel 504-941-8139/Room 2305

Axium Training Exercise for Perio Charting

Use the **Perio Module Instruction** sheet to aid in completing this training exercise.

1. Open your training patient's chart in Rolodex  make sure name appears at bottom of screen.
2. Open the Perio charting module  or go to the EHR module and choose the Perio tab. 
3. Choose the create new record button  Choose *Exam Type* from the drop down window- "Initial Exam".

Enter values as shown on perio chart on next page. **Yellow** square highlights tooth and one of 3 sites on tooth.



Use arrow keys to jump to desired site on tooth and numerical keypad to enter values. For each line the acceptable values are shown in the window along with the keys from the keyboard that can be used to enter the value.

4. When you have completed the max right quadrant for one line, the screen shifts to the max left quadrant.


Use the drop down box  to go back to the Max right and continue charting on the lingual.

Hit Save button and close window..



5. Hit Create new record button  or  to resume entry in same chart you started.

If you hit the complete button, you can view but not modify the chart. Compare your charting to the chart on the next page.

Go to the Perio chart module 



Allows a full screen view of the perio charting. Hit X in blue toolbar to close this window.



Periodontics Comparison Settings. Choose 2 dates and a condition "Pocket depths" - Accept. A chart showing graph differentials or text appears comparing the readings for the 2 charting dates.

Note: when viewing perio charting in the EHR module, you can use the  up arrow to get a full screen view.

Enter charting as seen on next page.

**AxiUm Training Exercise 1
Postgraduate Residents
2016**

Your laptop on campus:

- 1) Open **Remote Desktop Connection** to access axium:
- 2) Go to **Start> All Programs>Accessories> Communications>Remote Desktop Connection>**
- 3) Type in the address “**lsusd-terminal**” next to computer. Hit Connect.
- 4) Use your LSU username and password again.
- 5) Once the home page appears, click on the **AxiUm** icon
- 6) use your axium username and password in the user authentication window
1. *Off campus- Go to **LSU Health New Orleans School of Dentistry Home Page**
<http://www.lsusd.lsuhsd.edu/>



2. Select **Citrix Web Interface** - Use LSU username and password
3. **Select Applications tab** when Citrix Online Plug-In window appears, you should see AxiUm icon- log on using axium logon and password
Mac users: go to LSUSD website- <http://www.lsusd.lsuhsd.edu/-AxiUm> Training page for remote desktop download and citrix link)

Username: first letter of first name, first 5 letters of last name

Initial Password: axium

After first login, go to Tools (on toolbar)- change password

Check off tasks as you complete them:


Task 1: To find your assigned patient:

Click on Personal Planner icon 

Click on Assigned Patients tab and hit magnifying glass to search for the patient assigned to you. Click on name in list and right click- Select patient- will open the patient's record, name appears in bottom status bar.

- What is your patient's chart number? _____

To open patient's chart outside of Personal Planner:

-  Go to Rolodex module- type in last name of your patient (Training) or chart number and hit enter. Rolodex card for this patient opens.



Go to EHR module: will open to Forms tab- **open an Adult Medical History form**

AMDHX2-  or  on top toolbar.

For patients treated in the Undergraduate clinic, medical history forms are completed on paper by the patient and answers entered by the UG students into the electronic form- Adult Medical History in the Forms tab- you will see it listed under **Forms on File**

Forms tab- Answer questions in New Medical History tab:

- Yes answered questions in the medical history appear in **RED** text–
- Answer No to all questions except :
1E High blood pressure Yes
3A Diabetes Yes
- **What medical alerts are listed** in top right next to odontogram? _____
- **Medical Release/Consults-** if you see this message in the Alerts box next to the

Medical Release- see Physician's Res;

Medical release- see MED Hx- Medica

 odontogram- you must open the medical release letter to see if there are any limitations to treatment:
- **View the medical release letter**, go to the *Forms tab- Medical Consultation Request under Forms on File- select the date- Physician's Response tab- click ON File to view the letter- See next page for sample of letter if file will not open.*
- Any precautions listed at bottom of sheet? _____

*****Task 2: Make changes to Current Medications-** Medical History tab-

03 Are you taking any medications at the present time?	Y
List all meds w/brand (generic),dosage, freq, category, any dental contraindicatio	Aspirin 80 mg daily, Claritin as needed

(Double click so that text box opens)

- Add “aspirin daily, Claritin as needed” as seen above.
 scroll down to view entire medical history form

Sig. Required

button appears because patient must sign medical history initially and whenever changes are made.

*****Medical History for some Postgraduate clinics- for patients who are Active/Postgrad only- outside referrals or patients who are being seen only in Postgraduate clinics- the medical histories are completed on paper by the patients and scanned into the Attachments module – Forms section- Medical History tab**

Click on each tab in the bottom half of EHR to become familiar with info found there-

- **In Progress-** Today's Activities, Pending treatment, health summary
 - **Tx History-** Existing restorations, caries, notes completed in process and planned treatment, upcoming recalls and appointments
 - **Forms-** medical history, consults, Forms on File list on right
 - **Attachments-** consents, medical release letters, photos
 - **Perio-** perio charts
 - **Tx Plan-** Phase 1 and 2 treatment plans added at initial OD for Undergrads
 - **Links-** top toolbar- open 'Indications for Medical Info Request'

Task 3: To create a new Medical Consult Request:

- 1- Add patient form
- 2- Select MCR form

Medical Information Request

RE: Patient	Freshmen Ex 102 Training
Address	1100 Florida Avenue
	New Orleans, LA, 70119
Phone	504 123-4567
DOB	01/02/1954
Chart #	T71166

PHYSICIAN'S RESPONSE. (CHECK ALL THAT APPLY)

Please circle and advise on special precautions for the following conditions which this patient has and may not have reported: uncontrolled hypertension, diabetes, asthma, bleeding disorders, hepatitis, autoimmune diseases, immuno-deficiencies, heart disease, cancer, cerebrovascular disease, pulmonary disease, head and neck radiation, chemotherapy, infectious disease, kidney disease, blood disorders, psychiatric disorders, polypharmacy, allergies, or other: _____

DO NOT PROCEED with treatment (please state reason below).

Comments / recommendations: stop NT Coag 1 week prior to
extractions or surgery; resume in 2 days

PROCEED with dental treatment without special precautions

Print Physician's Name Dr. Maurice Howard

Physician's Signature M Maurice Howard Date 05/21/xxxx

LSUHNO- SCHOOL OF DENTISTRY USE ONLY	
<input type="checkbox"/> Follow physician's advice above.	<input type="checkbox"/> Reject for UG clinics; refer to: _____
<input checked="" type="checkbox"/> Treat, but observe the following precautions: <u>Stop NT Coag 1 week prior to extractions</u> <u>or surgery, resume 2 days later</u>	
Authorized LSUHNO-SOD Signature <u>L. Fine, DDS</u>	Date <u>05/22/xxxx</u>

- 3- Calculate button fills in first 5 lines of form with patient info
 - 4- Complete all pink lines
 - 5- Bring patient to front desk to sign form and print.
- HAT will lock the chart for Medical Hold.

EHR - Chart / Forms - Patient, Sophomore 19 (T7288)

Medical Alerts:

- Allergic to codeine
- Allergic to latex
- Hypertension
- Medical Release- see Physician's Res
- Medical hold- referred to physician-
- Medical release- see MED Hx- Medica
- Temperomandibular disorders (TMD)

Current Medications:

- ALL EGRA-D, Nasarel 29mcg

Forms on File:

- Caries Risk Assessment Form 05/05/2011
- Medical Consultation Request 05/20/2016
- Medical History- Adult (new) 2
- Oral Pathology Consult

Form Question

Form Question	Answer	Date
Signing Physician's Return Address: (Name, Address, & Phone)	Dr. Doctor 100 Main St. New Orleans, LA 70119	05/20/2016
RE: Patient Name:	Sophomore 19 Patient	05/20/2016
Chart #:	T7288	05/20/2016
Address:	1100 Florida Avenue New Orleans LA 70119	05/20/2016
Phone:	Home: 504 123-4567	05/20/2016
DOB:	05/20/1935	05/20/2016

Dear Physician, this patient has presented with the following:

Line 1: Diseases/Conditions:

Buttons:

If a patient is being treated in Postgrad department only, residents can choose whether or not to lock the chart.

EHR - Chart / Forms - Patient, Sophomore 19 (T7288)

Form Question

Form Question	Answer	Date
Lock patient's chart for Medical Hold until physician release is received? Postgrad residents can choose NOT to have the chart locked.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unanswered	05/20/2016

When Physician's Response is received, it will be scanned into the Physician's Response tab.

EHR - Chart / Forms - Patient, Sophomore 19 (T7288)

Medical Alerts:

- Allergic to codeine
- Allergic to latex
- Hypertension
- Medical Release- see Physician's Resp
- Medical hold- referred to physician-
- Medical release- see MED Hx- Medica
- Temperomandibular disorders (TMD)

Current Medications:

- All I FGRA-D Nasarel 29mcc

Form Question: **Medical Consult Requests Responses from Physician**

Form Question	Answer	Date
PLEASE CHECK YES WHEN SCANNING IN MEDICAL RELEASE- Is Medical Consult letter scanned into chart?	Y	05/20/2016
1) Medical Consult Request Physician's Response (double click "On File" to view):	On File	05/20/2016
2) Medical Consult Request Physician's Response (double click "On File" to view):		
3) Medical Consult Request Physician's Response (double click "On File" to view):		
1) Labs/Physician's Notes (double click "On File" to view):	On File	05/20/2016
2) Labs/Physician's Notes (double click "On File" to view):		

- Task 4: Add Treatment Notes:**
- Clinical Notes: Add note** by right clicking on a procedure in the Tx History tab -

Select Note Type

Select



- General Note
- Template Note
- SOAP Note

OK

Cancel

Add Tx Note-

- Notes can be entered as General notes, Template note (must choose a template for that department), or SOAP notes.**
- Template note- PG Endo only**---hit ellipsis button next to Code-
 Code choose a note - PG Endo uses the PGENCON, PGENREV, and the PAGENTX templates- select PGENCON- double click to add to bottom of window.
- Note guide appears in window-Complete information in note. Hit OK.
- All other departments- Select General note-**
- Code PGPros – select the PGPROS note guide
- GPR- select the GPR note guide

- Pedo- select the Pedo note guide form the list
- Add note “Patient came to clinic in pain. took radiograph #24- sent to PG endo clinic for evaluation for endo.”
- To add SOAP notes**- select  - select SOAP note- add information to all four sections of SOAP note- **OK** to save and close.
- To add a note to a tooth**: right click on tooth #7 in odontogram- add note  “composite discolored”- Note should appear in TX History

Lexi-Comp Online- Drug Database Search

Go to Links (top toolbar)

Axiom Help Training-

Go to **Help** (top toolbar)- link will open axiom training page on LSUHSC School of Dentistry with cheat sheets and training videos

Task 5: Add a Form:

Go to Forms tab- hit Add Forms button on top toolbar 

PG Endo: ENDX form


PG Perio: PEREF

PG Pros: PRREF

Complete the form for your department as if you were called to undergrad clinic for a consult for your department.

GPR: complete the ENDX form as if you were referring to PG Endo

PG Pedo: complete the SURGRE form as if you were referring to PG Oral Surgery




To open an existing form, click on date of the form or  next to the form under

Forms on File on right.

***Pink lines indicate questions with required answers.

***Blue text or aqua chart # button at bottom of axiUm screen indicates faculty approval is needed.

- View Appointments:** Go to Scheduler module  Will open to your scheduling book


- Click on **book icon**  in upper right hand corner of scheduler screen to select another book (if available)
- Click on green date button at bottom of window- calendar appears- select another date to view
- Find a date when you have patients in your schedule- right click on the appointment slot- allows you to go to Patient card- Select patient opens the patient record.
-  prints a list of appointments or recalls in various date ranges- hit Search to run report after setting date range- will default to your provider code.
- Print view  at bottom of window allows you to print schedule.

View upcoming appointments for patient:

Click on patient name in status bar at bottom of screen, appointments can be viewed at bottom of Patient Card window.

06/16

AxiUm Training Exercise 2 New Residents



-  Go to Rolodex module- select your assigned training patient (the same patient you used in the first exercise) from workpad list on right or type in last name or chart # and hit enter. Chart is open when name appears in status bar at bottom of screen.

Go to EHR module:



For a New Patient exam, you would chart caries/restorations already there:

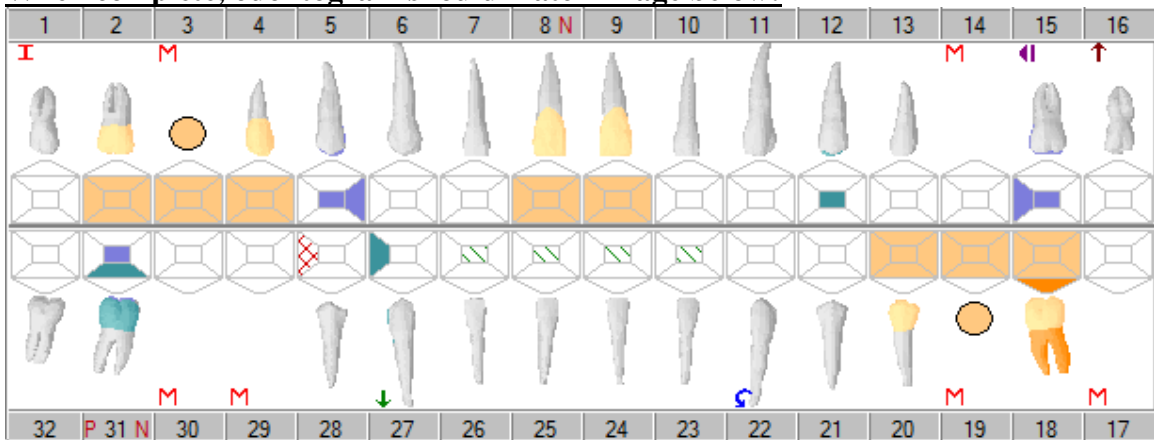
- **Add Findings:** click on **Create new Record button**  on top toolbar to open **Chart Add** tab. Click on **Findings** radio button to add findings for a patient (existing conditions & restorations) 

- **Add caries and existing restorations as shown:** select code from quick list  select tooth surface in odontogram  Add finding from toolbar

- **Add Findings and tooth notes as seen below:**

Progress	Tx History	Forms	Attachments	Perio	Tx Plans	Medications	Chart Add	
Prov./User	Code	Site	Surf.	Stat	Phase	Discipline	Appr. User	Description
	C2003	1		A	0		K. Hansel	Impacted
	M-PFMC	2	MODBL	E	0		K. Hansel	Porcelain fused to metal crown
	M-PFMC	4	MODBL	E	0		K. Hansel	Porcelain fused to metal crown
	M-PPORC	3		E	0		K. Hansel	Pontic - Porcelain/Ceramic
	M-AMAL	5	MO	E	0		K. Hansel	Amalgam
	M-COMP	27	D	E	0		K. Hansel	Composite
	M-PORC	8	MIDFL	E	0		K. Hansel	Porcelain
	M-PORC	9	MIDFL	E	0		K. Hansel	Porcelain
	M-COMP	12	O	E	0		K. Hansel	Composite
	C1007	15		A	0		K. Hansel	Shifted Mesially
	C2006	16		A	0		K. Hansel	Unerupted
	M-PFMC	20	MODBL	E	0		K. Hansel	Porcelain fused to metal crown
	M-PFMC	18	MODBL	E	0		K. Hansel	Porcelain fused to metal crown
	M-PMTL	19		E	0		K. Hansel	Pontic - Metal
	ENDO	18		E	0		K. Hansel	Endodontic Treatment
	C4015	26	I	A	0		K. Hansel	Excess attrition (Bruxism)
	C4015	25	I	A	0		K. Hansel	Excess attrition (Bruxism)
	C4015	24	I	A	0		K. Hansel	Excess attrition (Bruxism)
	C4015	23	I	A	0		K. Hansel	Excess attrition (Bruxism)
	C1002	22		A	0		K. Hansel	Rotated Distally
	M-AMAL	31	O	E	0		K. Hansel	Amalgam
	M-COMP	31	B	E	0		K. Hansel	Composite
K. Hansel	Note	8			0		K. Hansel	
Vitality test non-vital								
K. Hansel	Note	31			0		K. Hansel	
Mobility 1								
	M-AMAL	15	MO	E	0		K. Hansel	Amalgam
	C5001	28	D	A	0		K. Hansel	Dentin caries (in D on x-ray)
	C1005	27		A	0		K. Hansel	Tipped Buccally



When complete, odontogram should match image below:



When all findings have been charted, student/resident will plan treatment for patient.

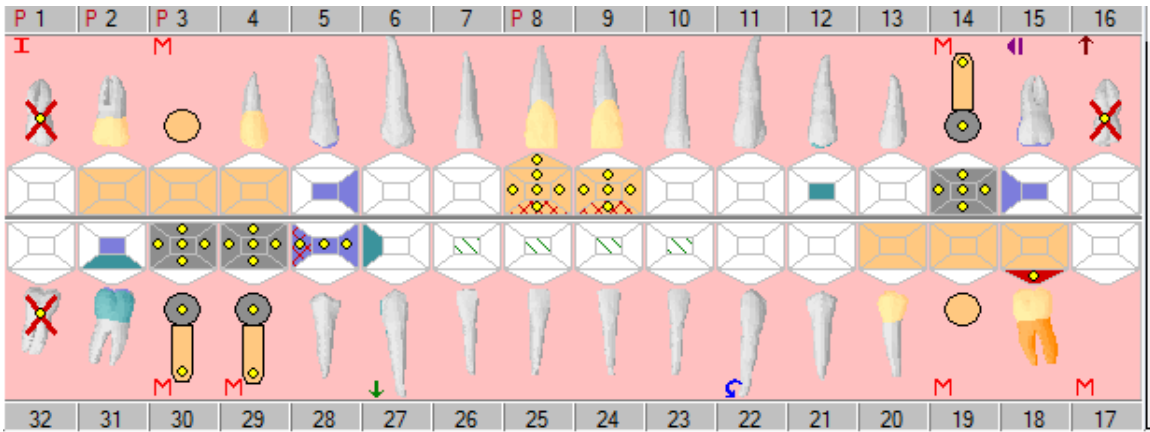
Adding Planned Treatment- Dental Tx button

Dental Tx

-  Planned treatment **(do not use Add finding button here) 
- ***PG Pros residents- use the Tx Plans tab, not the Chart Add tab to enter the following planned treatments. See instructions for Tx Plans module in this manual.

Add remaining planned treatment as shown:

	D0383			P	0	DIAG	K. Hansel	Cone Beam CT image capture with fie
	D0150			P	0:0	DIAG	K. Hansel	Comprehensive oral evaluation-compl
	D0210			P	0:0	DIAG	K. Hansel	Intraoral-comp series 14-22 of radiogra
	D0350			P	1:0	DIAG	K. Hansel	Oral/facial images (photos)
	D0470			P	0:0	DIAG	K. Hansel	Diagnostic casts
	D7230	1		P	1:0	OS	K. Hansel	Rem of impacted tth, part bony
	D3310	8		P	1:0	ENDO	K. Hansel	Endo therapy - anterior (excl final rest)
	D2740	8	MIDFL	P	2:0	FPROS	K. Hansel	Crown - porcelain/ceramic (in house li
	D2740	9	MIDFL	P	2:0	FPROS	K. Hansel	Crown - porcelain/ceramic (in house li
J. Postgra	D6010PG	14		P	0		K. Hansel	Surg placement, endosteal impl- POS'
J. Postgra	D6057B	14		P	0	RPROS	K. Hansel	Implant-Custom fabricated abutment (
J. Postgra	D6060	14		P	0		K. Hansel	Implant-Abutment supported PFM crc
	D7220	16		P	1:0	PGOS	K. Hansel	Rem of impacted tth, soft tiss
J. Postgra	D3348	18		P	1:0	ENDO	K. Hansel	Molar retreatment
	D2160	28	MOD	P	1:0	REST	K. Hansel	Amalgam - 3 surfaces
J. Postgra	D6010PG	29		P	0		K. Hansel	Surg placement, endosteal impl- POS'
J. Postgra	D6057B	29		P	0	RPROS	K. Hansel	Implant-Custom fabricated abutment (
J. Postgra	D6060	29		P	0		K. Hansel	Implant-Abutment supported PFM crc
J. Postgra	D6010PG	30		P	0		K. Hansel	Surg placement, endosteal impl- POS'
J. Postgra	D6057B	30		P	0	RPROS	K. Hansel	Implant-Custom fabricated abutment (
J. Postgra	D6060	30		P	0		K. Hansel	Implant-Abutment supported PFM crc
	D7210	32		P	1:0	OS	K. Hansel	Surg removal of erupted tooth req rem
J. Postgra	D5982B	UA		P	0	PGPROS	K. Hansel	Surgical stent (CTgen 2 or more impla
J. Postgra	D5982B	LA		P	0	PGPROS	K. Hansel	Surgical stent (CTgen 2 or more impla
	D4341	UR		P	1:0	PERIO	K. Hansel	Scaling/rt planing 4 or more
	D4341	UL		P	1:0	PERIO	K. Hansel	Scaling/rt planing 4 or more
	D4341	LR		P	1:0	PERIO	K. Hansel	Scaling/rt planing 4 or more
	D4341	LL		P	1:0	PERIO	K. Hansel	Scaling/rt planing 4 or more




Odontogram should look like this.

Go back to In progress and Tx history to view planned treatment.

- If planned treatment is blue instead of red (approved), let Kathy Hansel know so that she can approve it. Planned treatment must appear in red, meaning that it has been approved before proceeding to next section.

Some departments allow postgrad residents to automatically approve planned treatment, others require faculty approval first.

Print Treatment Estimate: once planned treatment has been entered and approved,

you can print a treatment estimate – go to the **Tx History tab**- hit the  button on the lower right toolbar in the **Tx History tab**- Select All or you can select which procedures you want and hit Ok- it displays an amount for the selected procedures.

PG Pros- Tx Plans tab has a contract that is signed by the patient instead of using an Estimate.

□ Changing planned treatment to In process or Complete



Go to the In Progress tab- (first tab)

Under Pending Treatments, you should see planned treatments in red text. P in status column means planned treatment.

- **Double click** on crown procedures for 8 and 9 and change to In Process (I status). *For each visit when fixed/removable/endo procedures are in process, status should be In process until delivery when status is changed to complete.*

- **Right click** on the following procedures and change to complete;

D0150		P	0:0	DIAG	K. Hansel	Comprehensive oral evaluation-compl
D0210		P	0:0	DIAG	K. Hansel	Intraoral-comp series 14-22 of radiogra
D0350		P	1:0	DIAG	K. Hansel	Oral/facial images (photos)
D0470		P	0:0	DIAG	K. Hansel	Diagnostic casts

(If your planned procedures are still blue, raise your hand and I will approve them) Status column will now have I or C to indicate In Process or Complete and text turns blue (unapproved) , black (approved) or brown (in process & approved).



Blue text must be approved by faculty.

Very Important: Charges and billing will not be complete until the status of the procedure is changed to complete and approved (black text).

Add Treatment Note: 

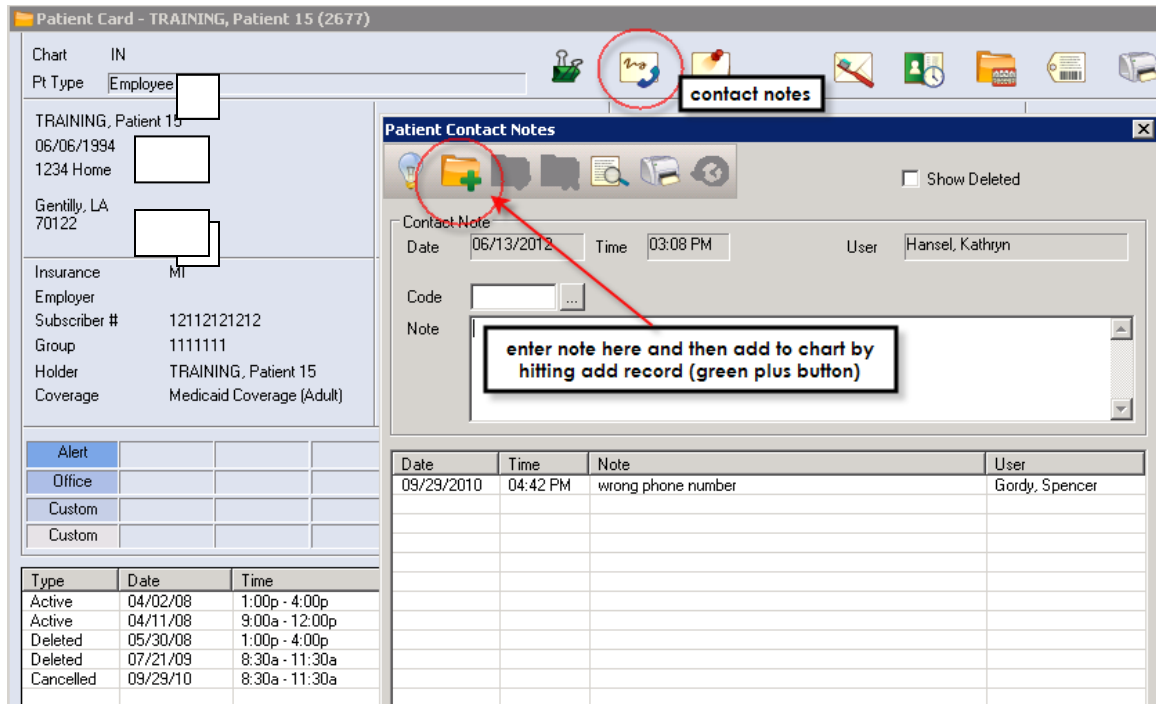
- Right click on the crown procedure you just changed to InProcess- Add Tx Note- General- fill in note- hit OK

Click on aqua chart # button to see what needs approval.


- Go to the Attachments tab  or the  module on the left side of the screen- go to the Consent Forms section to see if the patient has signed an Endo Consent form- Yes or No

Add a contact note for your patient:


Patient card- hit name on status bar- contact notes icon




Date	Time	Note	User
09/29/2010	04:42 PM	wrong phone number	Gordy, Spencer

type in “wrong phone number” in the Note text window- hit create new record button to save 

□Send an internal message to Kathy Hansel when both training exercises are complete.

Hit envelope in status bar at bottom of screen 

Hit create new record button  - type in **Hansel** in the To field and **Training exercise** in the subject field, in the text window, type “I am finished”. **Send**

06/2016