

## **Print from Patient Register**

Last Modified on 09/15/2022 8:10 am EDT

Version 20.17

## Print Register Report From Patient Chart

- 1. Navigate to the Patient Chart: Clinical, Practice Management, or Billing tab > Patient Chart button.
- 2. Click Basic Information.
- 3. Click the Print button. The Patient Register Information Report window is displayed.
- 4. Select the checkboxes for information that you want to print.
- 5. Click the Print button.



## Print Register Report from School/Camp Forms

- 1. Click the Clinical tab.
- 2. Click the School/Camp Reports button.
- 3. Search for and select the patient.
- 4. Select the Register: Main record checkbox.
- 5. Click the **Print** button.



- 6. Select the checkboxes for information that you want to print.
- 7. Click the **Print** button.





atient Register Information Report	>		
Include Checked Items listed below on the Report:			
Primary Insurance Secondary Insurance Additional Patient Information Register Addendum	Photo O Include O Do Not Include		
Signature name is either current user (if a rendering provider) or assigned PCP. Choose a different provider if you want to override the default.	Most Recent Photo		
Cindy L Malek, DO			
<u>Print</u> <u>E</u> xit	Choose End User Report		

Version 20.16

**Note**: Patient demographics can be printed from two areas: Patient Chart > Basic Information and from School/Camp Forms.

## To print from within the Patient Chart:

- 1. Click the Patient Chart button to access the patient chart from the Clinical, Practice Management, or Billing tab.
- 2. Click Basic Information.
- 3. Click the Print button and select the information that you would like to print.

🕞 Patient Chart: MARY TESTPATIENT (99)							
	Demographics	New Delete	<u>S</u> ave <u>C</u> ancel	Copy <u>F</u> rom	Merge	Print	
Contact constraints	Patient number: 99 Last / Suffix: TESTPATIE	ENT	Alte	rnate ID:			
CLINICAL	First / M.I.: MARY Birth date: 10 5/16/201	5	Alt f	first name: e: 4 yr	s. 0 mos.		-
Clinical Overview  Care Plans  Care Plans	Sex: nº Female Pai Language: nº ENGLE Ethnicity: nº Race(s): nº Primary 123 AE address: CLEVE County/country:	Itent Register Inform Include Checked It Primary Insur Secondary In Additional PC Register Add Signature name v Nurse. Choose a I default.	ation Report ems listed below or ance surance atient Information endum will be that of the ex- provider if you wish	amining MD or to override that	Photo inc Do	iude Not Include	
Diagnostic Tests     Risk Assessment     Surveys     Development     Asthma Plans     General Notes	Day phone: Cell phone: Email address: Emerg. contact:		Print	<u>Exit</u>		Choose End User Report	

4. Click the Print button.

To print the patient's registration information from School/Camp Forms:

- 1. Click School/Camp Forms on the patient chart.
- 2. Select the Register: Main record checkbox.
- 3. Click the **Print** button.







4. On the next screen, select the information that you would like to print and click the Print button.

Patient Register Information Report	×
Include Checked Items listed below on the Report:	Photo  Include Do Not Include
<u>Print</u> <u>Exit</u>	Choose End User Report

