

Important Content Update Message

We are currently updating the OP Help Center content for the release of OP 20. OP 20 (official version 20.0.x) is the certified, 2015 Edition, version of the Office Practicum software. This is displayed in your software (**Help tab > About**) and in the Help Center tab labeled Version 20.0. We appreciate your patience as we continue to update all of our content.

Electronic Vaccine Consent Form

Last Modified on 12/13/2019 3:58 pm EST

Version 14.19

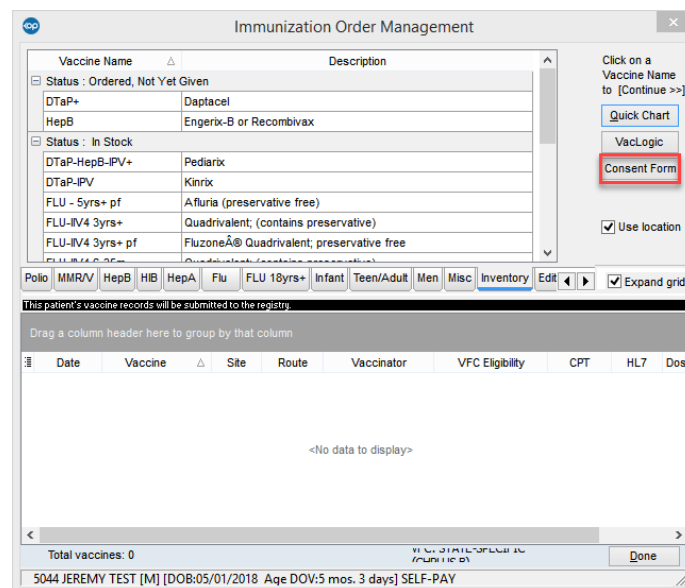
Overview

The Practice may wish to use an electronic vaccine consent form to capture vaccine administration dates and a parent signature. The information below will demonstrate how to capture and save that information.

Add a Consent Form

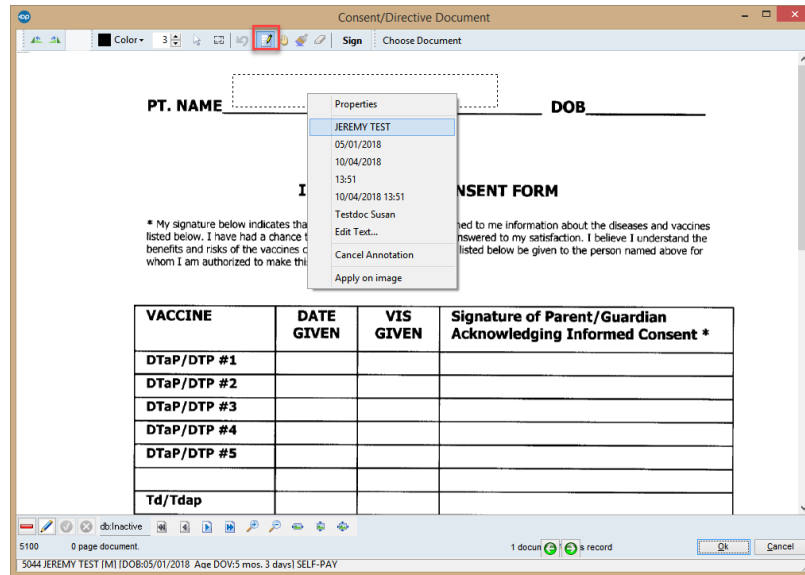
Typically the consent form is signed during the administration of vaccines. The steps below will use this workflow.

1. From the Tracking window, click the **Task** button
2. Double-click the vaccine task, the Immunization Order Management window displays.
3. Click the **Consent Form** button.

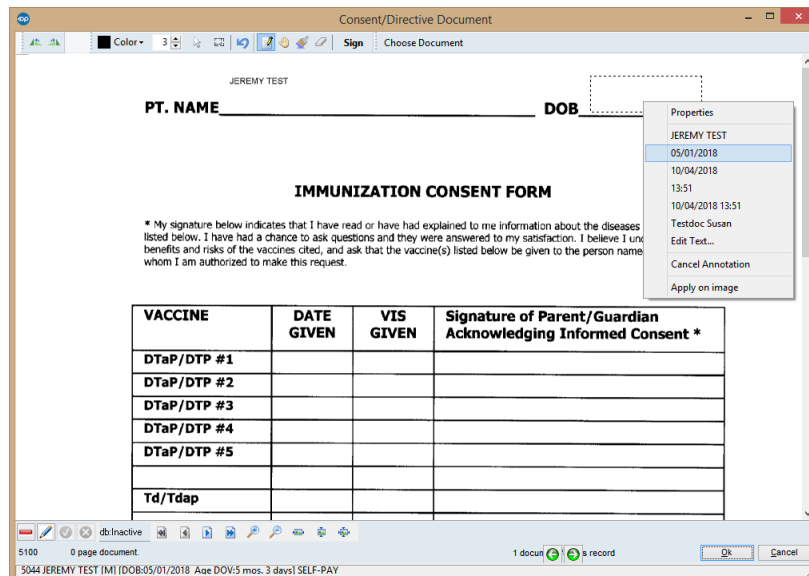


Vaccine Name	Description
Status: Ordered, Not Yet Given	
DTaP+	Daptacel
HepB	Engerix-B or Recombivax
Status: In Stock	
DTaP-HepB-IPV+	Pediarix
DTaP-IPV	Kinrix
FLU - 5yrs+ pf	Afluria (preservative free)
FLU-IV4 3yrs+	Quadrivalent; (contains preservative)
FLU-IV4 3yrs+ pf	Fluzone® Quadrivalent; preservative free

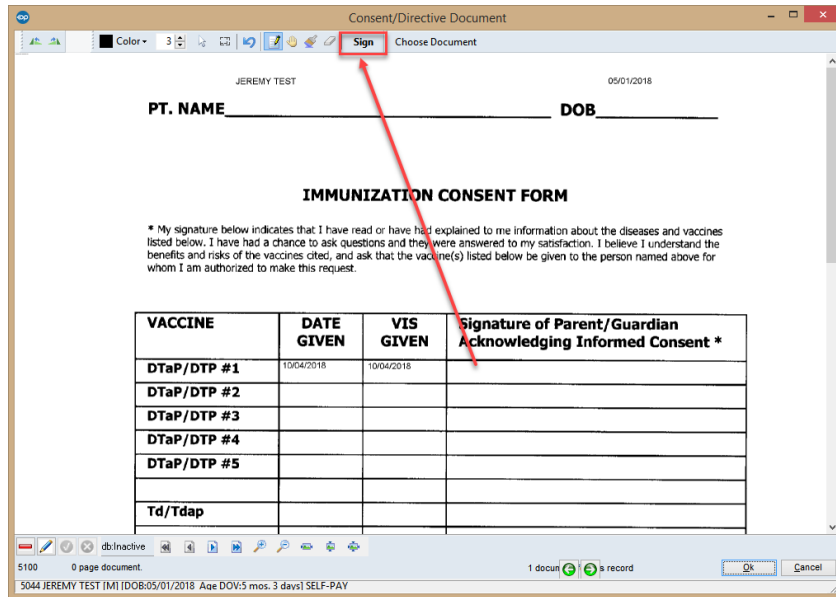
4. Click to highlight the Immunization Consent Form, click the **Use Selected Document** button.
5. Complete the fields for the consent form.
 - A. Add the patient name by clicking the **Add text** annotation button. Click in the **PT.NAME** and drag and drop the text box.
 - B. The options window displays, click the patient name.



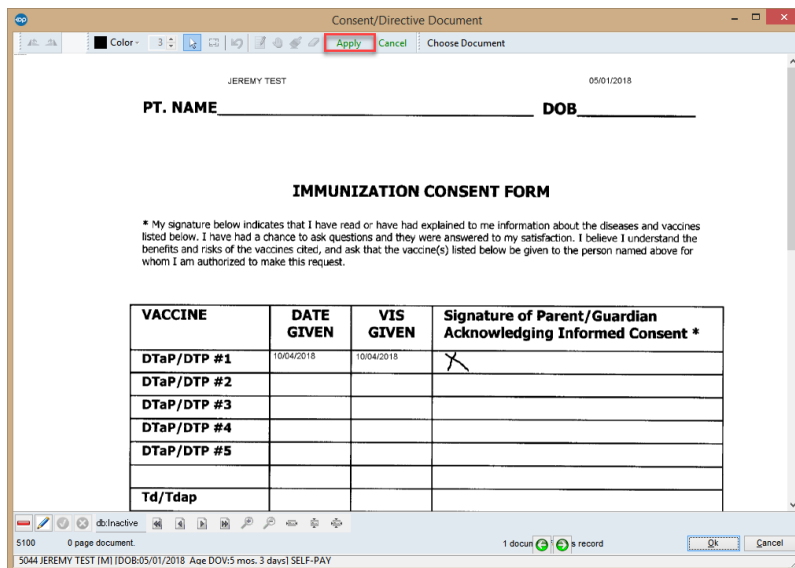
- C. Add the patient date of birth by moving your cursor to the **DOB**, click and drag and drop a text box.
- D. The options window displays, click the patient date of birth.



- E. Click away from the **DOB** to save the entry.
- F. Drag and drop a text box to add the **DATE GIVEN** and **VIS GIVEN** fields for the vaccine.
- G. Click into the **Signature** field and select the **Sign** button.



- H. Have the parent sign the document using their finger or stylus.
- I. Click the **Apply** button.



- 6. Complete steps F-I for all additional vaccines.
- 7. Click the **OK** button to save and complete the administration of vaccines.

Note: If the patient had a Vaccine Consent form previously saved when clicking the **Consent Form** button, the saved form will display with all prior entries.

Version 14.10

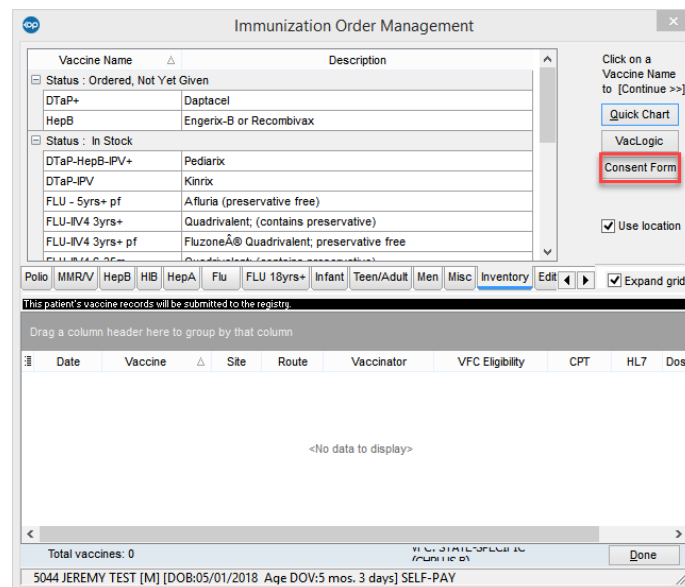
Overview

The Practice may wish to use an electronic vaccine consent form to capture vaccine administration dates and a parent signature. The information below will demonstrate how to capture and save that information.

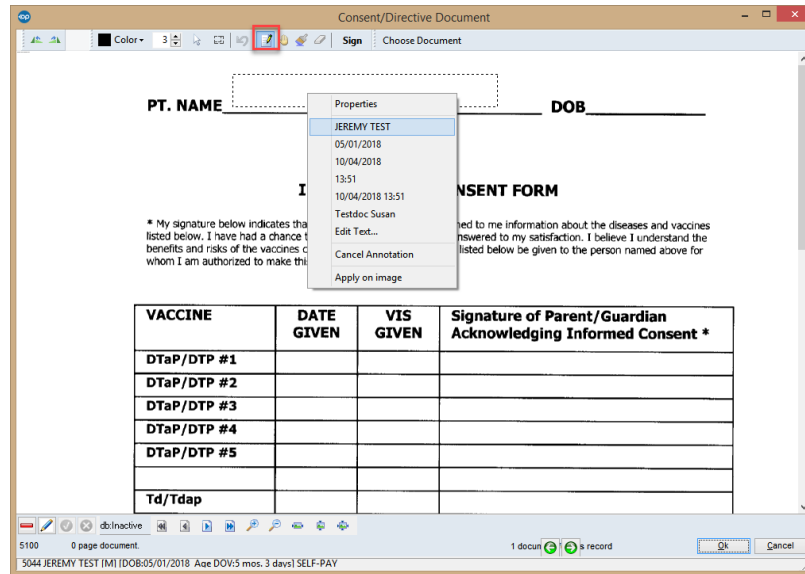
Add a Consent Form

Typically the consent form is signed during the administration of vaccines. The steps below will use this workflow.

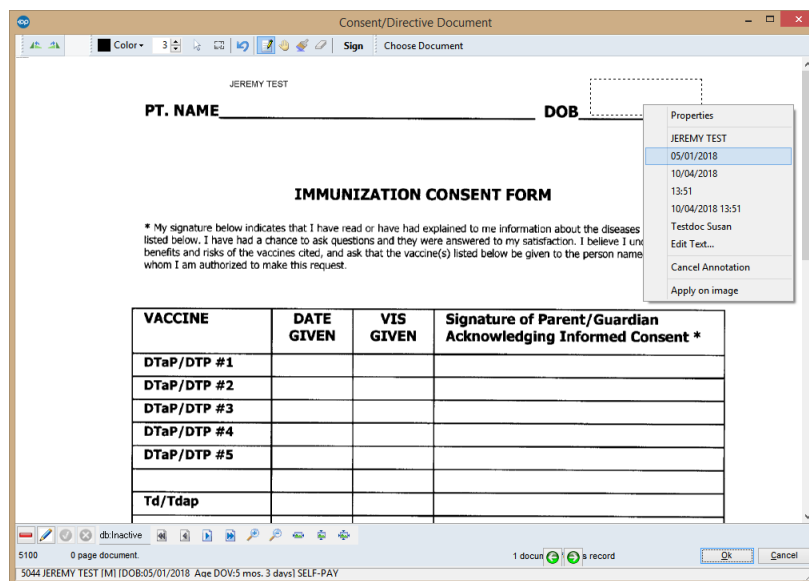
1. From the Tracking window, click the **Task** button
2. Double-click the vaccine task, the Immunization Order Management window displays.
3. Click the **Consent Form** button.



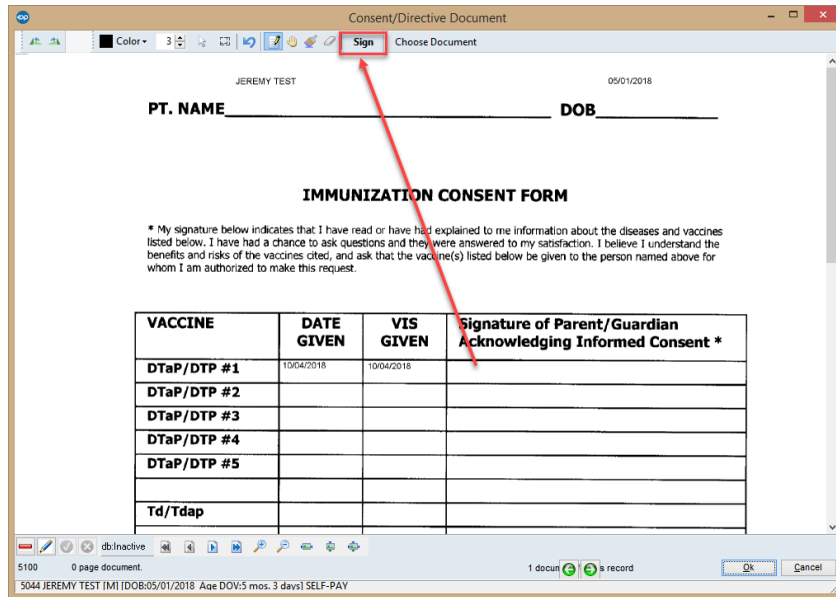
4. Click to highlight the Immunization Consent Form, click the **Use Selected Document** button.
5. Complete the fields for the consent form.
 - A. Add the patient name by clicking the **Add text** annotation button. Click in the **PT.NAME** and drag and drop the text box.
 - B. The options window displays, click the patient name.



- C. Add the patient date of birth by moving your cursor to the DOB, click and drag and drop a text box.
- D. The options window displays, click the patient date of birth.



- E. Click away from the DOB to save the entry.
- F. Drag and drop a text box to add the DATE GIVEN and VIS GIVEN fields for the vaccine.
- G. Click into the Signature field and select the **Sign** button.



Consent/Directive Document

JEREMY TEST 05/01/2018

PT. NAME _____ DOB _____

IMMUNIZATION CONSENT FORM

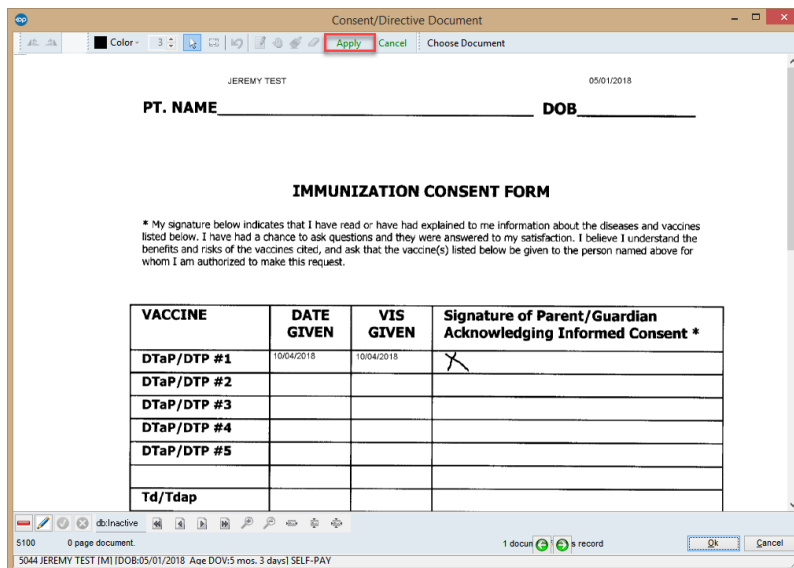
* My signature below indicates that I have read or have had explained to me information about the diseases and vaccines listed below. I have had a chance to ask questions and they were answered to my satisfaction. I believe I understand the benefits and risks of the vaccines cited, and ask that the vaccine(s) listed below be given to the person named above for whom I am authorized to make this request.

VACCINE	DATE GIVEN	VIS GIVEN	Signature of Parent/Guardian Acknowledging Informed Consent *
DTaP/DTP #1	10/04/2018	10/04/2018	
DTaP/DTP #2			
DTaP/DTP #3			
DTaP/DTP #4			
DTaP/DTP #5			
Td/Tdap			

5100 0 page document. 1 document 1 record

5044 JEREMY TEST (M) | DOB:05/01/2018 Age DOV:5 mos. 3 days| SELF-PAY

- H. Have the parent sign the document using their finger or stylus.
- I. Click the **Apply** button.



Consent/Directive Document

JEREMY TEST 05/01/2018

PT. NAME _____ DOB _____

IMMUNIZATION CONSENT FORM


* My signature below indicates that I have read or have had explained to me information about the diseases and vaccines listed below. I have had a chance to ask questions and they were answered to my satisfaction. I believe I understand the benefits and risks of the vaccines cited, and ask that the vaccine(s) listed below be given to the person named above for whom I am authorized to make this request.

VACCINE	DATE GIVEN	VIS GIVEN	Signature of Parent/Guardian Acknowledging Informed Consent *
DTaP/DTP #1	10/04/2018	10/04/2018	X
DTaP/DTP #2			
DTaP/DTP #3			
DTaP/DTP #4			
DTaP/DTP #5			
Td/Tdap			

5100 0 page document. 1 document 1 record

5044 JEREMY TEST (M) | DOB:05/01/2018 Age DOV:5 mos. 3 days| SELF-PAY

- 6. Complete steps F-I for all additional vaccines.
- 7. Click the **OK** button to save and complete the administration of vaccines.

 **Note:** If the patient had a Vaccine Consent form previously saved when clicking the **Consent Form** button, the saved form will display with all prior entries.