

## SCHEDULING

1. In the Patient search: enter patient date of birth, last name, first name> click search  
Click Create New Patient>enter patient name, DOB, select Sex, Mobile Phone#, email. If no email, enter none@dmg.net>click Save:

The screenshot displays the AbbaDox software interface. At the top, a search bar contains fields for Patient Date of Birth (MM/DD/YYYY), Patient Last (test), Patient First (benson), Phone Number, and Medical Record. Below the search bar, the 'Search Results' section shows 'No Search Results Found' with a 'Create Patient' button. To the right, a 'Recent Patients' list includes entries for BONNIE TEST, APPLE TEST, CHAN LIAAO, DAISY DUCK, JIN TEST, and CARMEN YANINE SAENZ. A red box highlights the '+ Create New Patient' button. Below the main interface, a 'Create Patient' modal form is open, showing fields for Patient Information (First Name, Middle Name, Last Name, Maiden Name, DOB, Sex, Patient Status), Patient Address (Address 1, Address 2, City, State, ZIP), Phones and Email (Home Phone, Mobile Phone, Work Phone, Email), and Additional Demographics (Social Security #, Marital Status, Languages, Race, Ethnicity, Heard of Us). The form also includes a 'Manage External IDs' link, a 'No identification on file' section, and a 'Contact Preferences' section with checkboxes for Phone, Text, and Email. The form is set to 'Active' status and includes a 'Requires Translator' checkbox.

**Search Results:**

No Search Results Found  
No patients matched your search criteria

**Recent Patients:**

- BONNIE TEST  
MRN: 7201570 | DOB: 05/02/1950
- APPLE TEST  
MRN: 7225717 | DOB: 01/01/1980
- CHAN LIAAO  
MRN: 777196 | DOB: 07/04/2005
- DAISY DUCK  
MRN: 717707 | DOB: 02/10/1959
- JIN TEST  
MRN: AB1072 | DOB: 04/10/2000
- CARMEN YANINE SAENZ  
MRN: 7220311 | DOB: 07/16/1984

**Create Patient Form:**

**Patient Information**  
MRN: D1055 | Add External ID

No identification on file

Drag and Drop files here or  
Browse Files

First Name\*: benson  
Middle Name: test  
Last Name\*: test  
Maiden Name:   
DOB\*: MM/DD/YYYY  
Patient Status: Active  
Sex\*: Male Female Unknown

**Patient Address**  
Address 1:   
Address 2:   
City: State: ZIP:   
Select

**Phones and Email**  
Home Phone #: (xxx) xxx-xxxx  
Mobile Phone #: (xxx) xxx-xxxx  
Work Phone: (xxx) xxx-xxxx  
Email:   
Contact Preferences: Phone, Text, Email (all checked)

**Additional Demographics**  
Social Security #: xxx-xx-xxxx  
Marital Status: Select  
Languages: Select  
Race: Select  
Ethnicity: Select  
Heard of Us: Select  
Requires Translator: Yes No

Cancel Save




AbbaDox

Search

Patient Date of Birth: 05/02/1950 Patient Last: test Patient First: bonnie Phone Number: Medical Record: Add Filters Search Clear Save Patients

Search Results

+ Create & Schedule Patient + Create New Patient

MRN	External ID	First Name	Last Name	DOB	Active	eMail	Actions
7201570		BONNIE	TEST	05/02/1950	✓		  

Showing 1 - 1 of 1 Per Page: 25

Recent Patients

- BONNIE TEST  
MRN: 7201570 | DOB: 05/02/1950
- APPLE TEST  
MRN: 7225717 | DOB: 01/01/1980
- CHAN LIAAO  
MRN: 777196 | DOB: 07/04/2005
- DAISY DUCK  
MRN: 717707 | DOB: 02/10/1959
- JIN TEST  
MRN: AB1072 | DOB: 04/10/2000
- CARMEN YANINE SAENZ  
MRN: 7220311 | DOB: 07/16/1984

2. Click on name to open Patient Chart




AbbaDox

Search

Patient Date of Birth: 05/02/1950 Patient Last: test Patient First: bonnie Phone Number: Medical Record: Add Filters Search Clear Save Patients

Search Results

+ Create & Schedule Patient + Create New Patient

MRN	External ID	First Name	Last Name	DOB	Active	eMail	Actions
7201570		BONNIE	TEST	05/02/1950	✓		  

Showing 1 - 1 of 1 Per Page: 25

Recent Patients

- BONNIE TEST  
MRN: 7201570 | DOB: 05/02/1950
- APPLE TEST  
MRN: 7225717 | DOB: 01/01/1980
- CHAN LIAAO  
MRN: 777196 | DOB: 07/04/2005
- DAISY DUCK  
MRN: 717707 | DOB: 02/10/1959
- JIN TEST  
MRN: AB1072 | DOB: 04/10/2000
- CARMEN YANINE SAENZ  
MRN: 7220311 | DOB: 07/16/1984
- LIN FU

Patient chart to see documents related to the patient:

Order tab: orders, eligibility, authorization. Reports tab: Reports Registration tab: IDs. Eforms tab: Patients exam questionnaires, Patient consent, Tech Worksheets.

Commented [M1]:

The screenshot shows the 'Patient History' page with the 'Documents & Images' tab selected. The main content area is empty, indicating no documents are currently displayed. The right sidebar shows patient information for 'BONNIE TEST'.

**Patient History**  
Page Navigation

**Documents & Images**

**BONNIE TEST**  
Patient Info

- MRN: 7201970
- DOB: 05/02/1950
- Age: 74
- Sex: Female
- Language: --
- Translator: No

**Contact Information**

- Home #: --
- Cell #: --
- Work Phone #: (626) 222-1111
- Address: --

3. Click History to see Pending Appointments, Scheduled Appointments, Past Appointments:

The screenshot shows the 'Patient History' page with the 'History' tab selected. The 'Visits' sub-tab is active, displaying three categories of appointments: Pending (0), Scheduled (0), and Past (3). The 'Past Appointments' section contains a table with three rows of appointment data.

**Patient History**  
Page Navigation

**History**  
Visits SMS Chat

**Pending Appointments (0)**  
No Pending Appointments

**Scheduled Appointments (0)**  
No Scheduled Appointments

**Past Appointments (3)**  
Print Reschedule Appt(s) Cancel Appt(s)

<input type="checkbox"/>	Date of Service	Status	Procedure/Diagnosis	Accession Number	Location	Room	Actions
<input type="checkbox"/>	04/26/2022 04:30 PM	Reported	U/S GALLBLADDER (76705-GB)	12261217	Dmg Monterey Park	MP-US1	
<input type="checkbox"/>	04/26/2022 04:00 PM	Reported	U/S ABDOMINAL,COMP (KID/GB/LIV/SPL/AORT (76700-COMP)	12261234	Dmg Monterey Park	MP-US2	
<input type="checkbox"/>	04/26/2022 03:30 PM	Reported	U/S PELVIC COMPLETE (76856)	12261233	Dmg Monterey Park	MP-US2	

**BONNIE TEST**  
Patient Info

- MRN: 7201970
- DOB: 05/02/1950
- Age: 74
- Sex: Female
- Language: --
- Translator: No

**Contact Information**

- Home #: --
- Cell #: --
- Work Phone #: (626) 222-1111
- Address: --
- Email: --

**Primary Contacts**


4. Click New Appointment to open Scheduling Wizard:


The screenshot shows the 'Patient History' page with a top navigation bar containing 'History', 'Billing', 'Contacts', 'Patient Chart', and 'Breast Health'. A 'New Appointment' button is highlighted in the top right corner. The main content area displays 'Pending Appointments (0)', 'Scheduled Appointments (0)', and 'Past Appointments (3)'. The 'Past Appointments' table lists two appointments: one on 04/26/2022 at 04:30 PM for 'U/S GALLBLADDER (76705-GB)' and another on 04/26/2022 for 'U/S ABDOMINAL COMP (KID/GB/LIV/SPL/AORT (76700-COMP))'. The right sidebar shows patient information for 'BONNIE TEST'.





5. Update patient information, enter all required fields. If no email, enter none@dmg.net

The screenshot shows the 'Patient Information' form in the 'Scheduling Wizard'. The form includes fields for 'First Name\*', 'Middle Name', 'Last Name\*', and 'Middle Name'. Below these are 'DOB', 'Patient Status', and 'Sex'. The 'Patient Address' section has fields for 'Address 1', 'Address 2', 'City', 'State', and 'ZIP'. The 'Phone and Email' section has fields for 'Home Phone #', 'Mobile Phone #', 'Work Phone', and 'Email'. The 'Contact Preferences' section has checkboxes for 'Phone', 'Text', and 'Email'. The 'Additional Demographics' section has fields for 'Social Security #', 'Marital Status', 'Languages', 'Resides Translator', 'Ethnicity', 'Race', and 'Place of Birth'. The 'Mobile Phone #' and 'Email' fields are highlighted with red boxes.


6. In the Patient Visit Info:  
Can click Implants for patient with implants  
Can select Special Needs  
Can enter Weights, Heights





 1 Patient Information — 2 Calendar — 3 Confirmation Scheduling Wizard


 Patient Visit Info


General	Special Needs	Vitals
<p>Priority</p> <p>Normal </p> <p><input type="checkbox"/> Pregnant <input type="checkbox"/> Implants</p> <p>Smoker</p> <p>Unspecified </p>	<p>Long Term Special Needs</p> <p>Select </p> <p>Short Term Special Needs</p> <p>Select </p>	<p>Weight Height (ft.) Height (in.) BMI</p> <p><input type="text"/> lbs <input type="text"/> ft <input type="text"/> in 0</p> <p>Blood Pressure</p> <p><input type="text"/> sbp / <input type="text"/> dbp</p>

7. In the Active Payers: click Add Payer:

 1 Patient Information — 2 Calendar — 3 Confirmation Scheduling Wizard

General	Special Needs	Vitals
<p>Priority</p> <p>Normal </p> <p><input type="checkbox"/> Pregnant <input type="checkbox"/> Implants</p> <p>Smoker</p> <p>Unspecified </p>	<p>Long Term Special Needs</p> <p>Select </p> <p>Short Term Special Needs</p> <p>Select </p>	<p>Weight Height (ft.) Height (in.) BMI</p> <p><input type="text"/> lbs <input type="text"/> ft <input type="text"/> in 0</p> <p>Blood Pressure</p> <p><input type="text"/> sbp / <input type="text"/> dbp</p>

 Active Payers [+ Add Payer](#) [Verification History](#)

 No Payers Attached [+ Add Payer](#)

In the Payer Lookup, type payer>select payer>click Add Payer:

**Add Payer**

Payer Type: **Insurance**

Payer Preference: **1st Payer** | State: **Select** | Payer Lookup: **allied**

ALLIED BENEFITS SYSTEM | P.O. BOX 211651 EAGAN, MN 55121  
ALLIED NATIONAL | PO BOX 247 ALPHARETTA, GA 30009  
ALLIED PACIFIC IPA | 1600 CORPORATE CNT DR #101 MONTEREY PARK, CA 91754

**Cancel** **Add Payer**

In the Insurance, enter Policy#> select HMO in Type of Plan> Enter Prefix of member id & healthplan name in Representative Spoke With Under **Coverage Details**:

**Add Payer**

Payer Type: **Insurance**

Payer Preference: **1st Payer** | State: **Select** | Payer Lookup: **ALLIED PACIFIC IPA | 1600 CORPORATE CNT DR #101 MONTEREY PARK, CA 91754**

**Payer Contact Info**

Address: 1600 CORPORATE CNT DR #101  
MONTEREY PARK, CA 91754

Office Phone: 626-282-0288

Fax: --

Website: --

**Policy Details**

Policy #: 1234567 | Group: HEALTHNET | Effective Date: MM/DD/YYYY | Type of Plan: **HMO**

**Insured**

(Self) BONNIE TEST | **+ Add Guarantor**

**Coverage Details**

Insurance Through Employer: Yes **No** | Pre-authorization required?: Yes **No** | Covered for MRI: Yes **No** | Is Medicare Primary: Yes **No** | Hospice Care: Yes **No** | Skilled Nursing: Yes **No**

**Deductible & Copay**

Deductible: \$ | Deductible Met: \$ | Copay Amount: \$ | Benefits Paid %: %

**Cancel** **Add Payer**

8. Insured is default to Self. If insured name is under spouse/parent, click Add Guarantor:

Enter First Name, Middle, Last Name>select Guarantor to open Add Contact:

**Contact**

**Add Contact**

First Name\* FRED Middle Last Name\* TEST

Contact Type\* Select Relationship\* Select DOB MM/DD/YYYY Gender Select Auth. Delegate Yes No

Emergency contact

Guarantor

Lawyer

Other

Primary Physician

Referral

Mobile Phone #\* (xxx) xxx-xxxx Home Phone # (xxx) xxx-xxxx

Work Phone # (xxx) xxx-xxxx

Email

Address

Address 1

Address 2

City State ZIP

Cancel Save

Select SPOUSE, enter DOB, enter Phone>click Save:

**Contact**

**Add Contact**

First Name\* FRED Middle Last Name\* TEST

Contact Type\* Guarantor Relationship\* SPOUSE DOB\* 08/01/1949 Gender Select Contact Reason

Phones and Email

Phone #\* (626) 282-2802

Email

Address

Address 1

Address 2

City State ZIP

Guarantor's Employment Info

Employment Status Select

Employer

Employer Phone # (xxx) xxx-xxxx

City State ZIP

Cancel Save

If there is secondary insurance>click Add Payer>(repeat steps as above):

1 Patient Information 2 Calendar 3 Confirmation Scheduling Wizard

Active Payers + Add Payer Verification History

ALLIED PACIFIC IPA  
Not Verified • 1st Payer

Edit Mark Inactive

Payer Contact Info			Policy Details			
Address 1600 CORPORATE CNT DR #101 -- MONTEREY PARK, CA 91754	Office Phone 626-282-0288 -- Website --	Fax --	Policy # 1234567	Group HEALTHNET	Effective Date --	Type of Plan HMO

Insured: FRED

Home # (626) 282-2802	Cell # --	Relationship SPOUSE	Date of Birth 08/01/1949	Gender --	Address -- --
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Coverage Details				Deductible & Copay	
Insurance Through Employer No	Pre-authorization required? No	Covered for MRI No	Representative Spoke With --	Deductible --	Deductible Met --
Is Medicare Primary No	Hospice Care No	Skilled Nursing No	Spouse Employed No	Copay Amount --	Benefits Paid % --


No Employment Info Available

9. In the Referring Physicians, if "Referring Physician in Patient Record" is the same referral>click Assign:

1 Patient Information 2 Calendar 3 Confirmation Scheduling Wizard

Referring Physicians + Create Referring Physician

Lookup Referring Physicians Referrals in Patient Record

 EDWIN CHAN, MD CC Doctor	Practice Details 624 W DUARTE AVE #208 -- ARCADIA, CA 91007	Office Phone 626-446-3608 NPI 1053427427	Referring ID 87 Client Code --	Assign
---	--	---	---	--------

Otherwise click Lookup Referring Physicians>enter name>click Find Referring:



1 Patient Information 2 Calendar 3 Confirmation Scheduling Wizard

Referring Physicians + Create Referring Physician

Lookup Referring Physicians Referrals in Patient Record

First Name	Last Name	NPI	Zip Code	
Referring Physician first name	yip	NPI	Zip Code	Find Referring

>select name>click Add:

1 Patient Information 2 Calendar 3 Confirmation Scheduling Wizard

Coverage Details

Insurance Through Employer	Pre-authorization required?	Covered for MRI	Representative Spoke With	Deductible & Copay	
No	No	No	--	Deductible	Deductible Met
				--	--
Is Medicare Primary	Hospice Care	Skilled Nursing	Spouse Employed	Copay Amount	Benefits Paid %
No	No	No	No	--	--

No Employment Info Available

Referring Physicians + Create Referring Physician

Lookup Referring Physicians Referrals in Patient Record

First Name Referring Physician first name

Find Referring

Referrals

Find Referring


	Name	Specialty	Fax	Phone	Address	City
<input checked="" type="radio"/>	FELIX YIP, MD		877-991-6503	626-288-0889	600 N. GARFIELD AVE #308	MONTEREY PARK, CA 9175
<input type="radio"/>	FELIX YIP, MD		877-991-6503	626-288-2780	2707 E VALLEY BLVD #106	WEST COVINA, CA 91792

Showing 1 - 2 of 2

Per Page: 10

Cancel Add

To add CC Referring Physician> click Lookup Referring Physicians>enter name>click Find Referring:

 Referring Physicians + Create Referring Physician

---

Lookup Referring Physicians   Referrals in Patient Record

First Name  
Referring Physician first name

Last Name  
Referring Physician last name

NPI  
NPI

Zip Code  
Zip Code

Find Referring

---

FELIX YIP, MD  
Referring Physician

[Change](#) [Remove](#)

Practice Details

Address  
600 N. GARFIELD AVE #308  
MONTEREY PARK, CA 91754

Office Phone  
626-288-0889

Fax  
877-991-6503

NPI  
1912088162

Referring ID  
769

Client Code  
--

Tax ID  
--

Notes

[+ Add Note](#)

No referral notes added  
Click on add note to collect physician preferences

---

YU YAO, MD  
CC Doctor

[Change](#) [Remove](#)

Practice Details

Address  
230 E. VALLEY BLVD, SUITE 200  
SAN GABRIEL, CA 91776

Office Phone  
626-288-1918

Fax

Referring ID  
743

Client Code


Notes

[+ Add Note](#)

No referral notes added

10. Add Appointment(s):

Type>select exam type>enter Procedure>click Add:




1 Patient Information

2 Calendar

3 Confirmation

Scheduling Wizard

---

 Add Appointment

Type  
Select

Procedure  
Lookup

+ Add

>

For additional time, click + in additiional minutes:

1 Patient Information 2 Calendar 3 Confirmation Scheduling Wizard

Procedures & Services + Add Appointment

CT Appt ID: -1 Status: 15 Min Amount Owed Additional Minutes: 0 min Cancel Appt

Procedure Lookup + Add Procedure

CT ABDOMEN W/WO CONTRAST (74170) Accession ID: -- Change

<b>Procedure Details</b>	<b>CDS</b>	<b>Payers &amp; Auths</b> Assign Payers and Auths
Provider: Select	G-Code: Select	
Body Part Modifiers: Select	Modifier: Select	
Chief Complaint:	Transaction ID:	
Note:		

11.Add second exam> under Add Appointment select Type, select procedure>click Add >click Assign Payers:

1 Patient Information 2 Calendar 3 Confirmation Scheduling Wizard

MG Appt ID: -1 Status: Amount Owed Additional Minutes: 0 min Cancel Appt

Procedure Lookup + Add Procedure

DIAGNOSTIC MAMMOGRAM RIGHT (77065R) Accession ID: -- Change

<b>Procedure Details</b>	<b>CDS</b>	<b>Payers &amp; Auths</b> Assign Payers and Auths
Provider: Select	G-Code: Select	
Body Part Modifiers: Select	Modifier: Select	
Chief Complaint:	Transaction ID:	
Note:		

US Appt ID: -2 Status: Amount Owed Additional Minutes: 0 min Cancel Appt

Procedure Lookup + Add Procedure

US AXILLA RIGHT (76881AXR) Accession ID: -- Change

<b>Procedure Details</b>	<b>CDS</b>	<b>Payers &amp; Auths</b> Assign Payers and Auths
Provider: Coov from first	G-Code:	

12. Check box All Modalities> if have auth, click Add New Auth> enter Authorization#>enter Expiration Date>click Save & Close:

**Payer & Authorization**

Select procedure(s)

Visit (Select All)	Modality	Procedures and Services	Payer(s), Auth #'s and Status
<input type="checkbox"/> All Modalities & Procedures	<input type="checkbox"/> MG	<input type="checkbox"/> DIAGNOSTIC MAMMOGRAM RIGHT (77065R)	
	<input type="checkbox"/> US	<input type="checkbox"/> US AXILLA RIGHT (76881AXR)	

**Assign Payer & Authorization**  
Select the payer and add authorization details if necessary for the procedures selected above

**Bulk Assignments**

Payer: (1st Payer) - 1234567 | ALLIED PACIFIC IPA | 1600 CORPORATE CNT DR #101 MONTEREY PARK, CA 91754  
Auth Status: New  
Auth Not Required: ☐  
Policy #: 1234567

**Assign Historical Auth (3)** | **Payer's Auths in Visit** | **Add New Auth**

	Created Date	Auth Status	Auth #	Effective	Expiration	Units	Procedure(s)
<input type="radio"/>	04/14/2025	New	2025045678	03/01/2025	05/31/2025	0 of 2	US SOFT TISSUE NECK HEAD
<input type="radio"/>	04/14/2025	New	2025045678	03/01/2025	05/31/2025	0 of 2	MRA HEAD W/O CONTRAST
<input type="radio"/>	04/13/2025	New	2025041234	04/01/2025	06/30/2025	0 of 2	

Showing 1 - 3 of 3 | Per Page: 10

Cancel Apply Save & Close

**Payer & Authorization**

Select procedure(s)

Visit (Select All)	Modality	Procedures and Services	Payer(s), Auth #'s and Status
<input checked="" type="checkbox"/> All Modalities & Procedures	<input checked="" type="checkbox"/> MG	<input checked="" type="checkbox"/> DIAGNOSTIC MAMMOGRAM RIGHT (77065R)	
	<input checked="" type="checkbox"/> US	<input checked="" type="checkbox"/> US AXILLA RIGHT (76881AXR)	

**Assign Payer & Authorization**  
Select the payer and add authorization details if necessary for the procedures selected above

**Bulk Assignments**

Payer: (1st Payer) - 1234567 | ALLIED PACIFIC IPA | 1600 CORPORATE CNT DR #101 MONTEREY PARK, CA 91754  
Auth Status: New  
Auth Not Required: ☐  
Policy #: 1234567

**Assign Historical Auth (3)** | **Payer's Auths in Visit** | **Add New Auth**

Authorization #	Effective Date	Expiration Date	Total Units (Visits)	Used	Remaining
2025043789	04/01/2025	06/30/2025	0	0	0

Auth Note

**Comments**  
Appointment Comments Only: ☐ Comment Type: Billing

Cancel Apply **Save & Close**

13. Click Next to open Scheduler Manager> On Scheduler Manager>click Preferred Time or First Available> Preferred Location>click Search>select time slots>click Schedule:

Scheduling Manager

Manual Scheduling

Scheduling Type

Preferred Time

First Available

Yes

No

Yes

No

Allow double-booking

Account for Provider Schedule?

Date Range

Upcoming 7 Days

Preferred location

Dmg San Gabriel

Rooms

All

Days

☐ Mon☐ Tue☐ Wed☐ Thu☐ Fri☐ Sat☐ Sun

All

Time Range

☐ Morning☐ Afternoon☐ Evening☐ After Hours

All

Search

Clear

Monday, April 14, 2025

Dmg San Gabriel

		08 AM	09 AM	10 AM	11 AM	12 PM	01 PM
<div>MG</div> <div>77065R</div>	SG-MAMMO2 15 Min		<div>09:30 AM</div> <div>09:45 AM</div>	<div>10:00 AM</div> <div>10:15 AM</div> <div>10:30 AM</div> <div>10:45 AM</div>	<div>11:00 AM</div> <div>11:15 AM</div> <div>11:30 AM</div> <div>11:45 AM</div>	<div>12:00 PM</div>	<div>01:25 PM</div> <div>01:40 PM</div> <div>01:55 PM</div>
<div>US</div> <div>76881AXR</div>	SG-US1 30 Min	<div>08:00 AM</div>	<div>09:30 AM</div>	<div>10:00 AM</div> <div>10:30 AM</div>	<div>11:00 AM</div> <div>11:30 AM</div>		
	SG-US4 30 Min	<div>08:00 AM</div>	<div>09:30 AM</div>	<div>10:00 AM</div> <div>10:30 AM</div>	<div>11:00 AM</div> <div>11:30 AM</div>	<div>12:45 PM</div>	<div>01:15 PM</div> <div>01:45 PM</div>
	SG-US2 30 Min		<div>09:30 AM</div>	<div>10:00 AM</div> <div>10:30 AM</div>	<div>11:00 AM</div>	<div>12:45 PM</div>	<div>01:15 PM</div> <div>01:45 PM</div>
	SG-US3 30 Min		<div>09:30 AM</div>	<div>10:00 AM</div> <div>10:30 AM</div>	<div>11:00 AM</div> <div>11:30 AM</div>	<div>12:45 PM</div>	<div>01:15 PM</div> <div>01:45 PM</div>

Back

Procedures View

Calendar Preview

Create Task

Patient History

Move to Pending

Schedule & Add to Waitlist

Schedule

Procedures/Services

MG

04/14/2025 • 09:30 AM

Dmg San Gabriel

DIAGNOSTIC MAMMOGRAM RIGHT (77065R)

US

04/14/2025 • 10:00 AM

Dmg San Gabriel

US AXILLA RIGHT (76881AXR)



14. To reschedule> In Patient History>Scheduled Appointments>Check box Appointment>click Reschedule Appt(s):

The screenshot shows the 'Patient History' page with the 'Scheduled Appointments' tab selected. A table lists four appointments for 04/14/2025. The first appointment, 'US AXILLA RIGHT (76881AXR)', is selected with a checkbox. The 'Reschedule Appt(s)' button is highlighted with a red box.

	Date of Service	Status	Procedure/Diagnosis	Accession Number	Location	Room	Visit Reason	Referring Physician	Actions
<input checked="" type="checkbox"/>	04/14/2025 10:00 AM	New	US AXILLA RIGHT (76881AXR)	DALL-US1319	Dmg San Gabriel	SG-US1		FELIX YIP	[Reschedule] [Cancel]
<input type="checkbox"/>	04/14/2025 09:30 AM	New	DIAGNOSTIC MAMMOGRAM RIGHT (77065R)	DALL-MG1316	Dmg San Gabriel	SG-MAMMO2		FELIX YIP	[Reschedule] [Cancel]
<input type="checkbox"/>	04/14/2025 09:00 AM	New	US SOFT TISSUE NECK HEAD (76536SOFT)	DALL-US1304	Dmg San Gabriel	SG-US1		FELIX YIP	[Reschedule] [Cancel]
<input type="checkbox"/>	04/14/2025 08:30 AM	New	MRA HEAD W/O CONTRAST (70544)	DALL-MR1301	Dmg San Gabriel	SG-MRI		FELIX YIP	[Reschedule] [Cancel]

Click Scheduling Manager:

The screenshot shows the 'Reschedule' page with the 'Manual Scheduling' tab selected. The 'Scheduling Manager' button is highlighted with a red box. The main area displays a calendar grid for Monday, 04/14/2025, at Dmg San Gabriel. The grid shows various appointments including 'US AXILLA RIGHT', 'US SOFT TISSUE NECK', 'US ABDOMEN', and 'US'.

Reschedule

Scheduling Manager

Manual Scheduling

Procedures/Services

Scheduling Type

Preferred Time

First Available

Yes

No

Yes

No

Allow double-booking

Account for Provider Schedule?

Preferred location

All

Rooms

All

Search

Clear

Available Times

No Times Available

US

US AXILLA RIGHT (76881AXR)

Cancel

Schedule

15. To cancel Appointment, select appointment>click Cancel Appt(s) :

History

Billing

Contacts

Patient Chart

Breast Health

New Appointment

Visits

SMS Chat

Pending Appointments (0)

No Pending Appointments

Scheduled Appointments (4)

Reschedule Appt(s)

Cancel Appt(s)

	Date of Service	Status	Procedure/Diagnosis	Accession Number	Location	Room	Visit Reason	Referring Physician	Actions
<input checked="" type="checkbox"/>	04/14/2025 10:00 AM	New	US AXILLA RIGHT (76881AXR)	DALL-US1319	Dmg San Gabriel	SO-US1		FELIX YIP	
<input type="checkbox"/>	04/14/2025 09:30 AM	New	DIAGNOSTIC MAMMOGRAM RIGHT (77065R)	DALL-MG1316	Dmg San Gabriel	SO-MAMMO2		FELIX YIP	
<input type="checkbox"/>	04/14/2025 09:00 AM	New	US SOFT TISSUE NECK HEAD (76536SOFT)	DALL-US1304	Dmg San Gabriel	SO-US1		FELIX YIP	
<input type="checkbox"/>	04/14/2025 08:30 AM	New	MRA HEAD W/O CONTRAST (70544)	DALL-MR1301	Dmg San Gabriel	SO-MRI		FELIX YIP	

No identification on file

BONNIE TEST

Patient Info

MRN

7201570

DOB

05/02/1950

Sex

Female

Language

--

Active Ext. IDs

Age

74

Social Security #

Translator

No

Contact Information

Home #

Cell #

(626) 282-2802

Work Phone #

Address



select cancellation reason>enter cancellation note>click Confirm:

Ab Patient History  
Page Navigation

History Billing Contacts Patient Chart Breast Health New Appointment

Visits SMS Chat

Pending Appointments (0)

No Pending Appointments

Scheduled Appointments (4)

<input checked="" type="checkbox"/>	Date of Service	Status	Procedure/Diagnosis
<input checked="" type="checkbox"/>	04/14/2025 10:00 AM	New	US AXILLA RIGHT (768814)
<input type="checkbox"/>	04/14/2025 09:30 AM	New	DIAGNOSTIC MAMMOGRA
<input type="checkbox"/>	04/14/2025 09:00 AM	New	US SOFT TISSUE NECK HE
<input type="checkbox"/>	04/14/2025 08:30 AM	New	MRA HEAD W/O CONTRAS

Showing 1 - 4 of 4

Reschedule Appt(s) Cancel Appt(s)

Visit Reason Referring Physician Actions

FELIX YIP	...
FELIX YIP	...
FELIX YIP	...
FELIX YIP	...

Per Page: 10

BONNIE TEST  
Patient Info

MRN 7201570 Active Ext. IDs  
DOB 05/02/1950 Age 74  
Sex Female Social Security  
Language Translator  
-- No

Contact Information

Home # Cell #  
(628) 282-2802

Work Phone #  
Address

Email  
none@dmg.net

**Cancellation Reason**

Select Cancellation Reason  
Explain why this visit is being canceled.

Cancellation Reason\*  
Select ☐ Alert

Cancellation Notes

Waitlist  
Auto Manual Skip *i*

Cancel Confirm