



Account No : 706565638

Aleman, John

Date of Birth : 09/09/1998

Phone no : (454) 545-4545



0 Intake

2 Rx Entry

0 BV

1 RPH Verify

0 Ready to Order

Active Item(s)

Recent Order(s)

Rx # - Fill	Drug Name	Fills Remaining	WorkFlow Location (Queue - Diversion)	Order #
✓ --	Xolair	--	Intake - Missing Prescriber	--
✓ --	Enbrel	--	Rx Entry	--
✓ 123456-02	Enbrel	0	Contact Prescriber	234567
✓ 123457-01	Sharps Container	11	Ready to Schedule	--
✓ 123458-03	Needles 10G	8	In Process	234567

CONTACT HISTORY

Date/Time	Medication	Contact Type	Source
✓ 03/05/1998 10:15AM	Enbrel	Reschedule Delivery Text	Digital
✓ 02/06/1997 11:18AM	Enbrel	Order Shipped Text	Digital
✓ 02/03/1996 11:45AM		Quick Registration	User ID
✓ 01/02/1995 11:16AM	Enbrel	Inbound Call	User ID

TASKS

PATIENT TASKS

Schedule Order
Reschedule/ Delay in order (Diversion)
Additional information needed (Diversion)

PATIENT CONTACT PREFERENCE

Digital: Text (Email, SMS)
Phone: Call Patient (CPM, No Call)

PROGRAM OFFERS

QUICK REGISTRATION

Verbal Rx

Record Call

Intake

Aleman, John

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1

Doc Type

2

Drug

3

Demographic

4

Referral

5

Insurance

6

Pharma

7

Summary

[Expand all](#) | [Collapse all](#)

PATIENT INFORMATION

[Edit](#)

Last Name

Aleman

Gender

Male

State

IL

Phone Day

(454)454-5555

First Name

John

Address Category

Patient Home

Zip Code

60006

Phone Cell

(454)454-5555

Middle Initial

Russel

Address 1

100 Test Road

Country

U.S.A.

E-mail 1

aleman.john1@gmail.com

Date of Birth

09-09-1998

City

Wheeling

Phone Evening

(454)454-5555

DRUG REFERRAL INFORMATION

[Edit](#)

Enrollment Method

Verbal

Caller Name

John (Patient)

Referral Source

Russel

Type of Document

Fax

[Cancel](#) ✕[Alerts](#)[< Previous](#)[Finish](#)

Total Documents 20

Selected Documents: 2

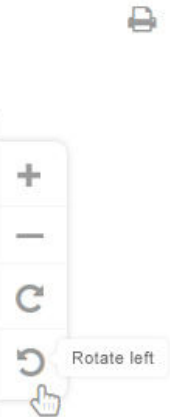


Create Group

Documents Type: 3 items Selected

Selected Items: VERBAL

- ☒ VERBAL
- ☒ REFERRAL WITH RX2
- ☐ REFERRAL WITH NO RX
- ☒ PA INFO
- ☐ CLINICAL INFO (NON PA)



FAX #42145



Confirm

MOUSYXZ, MINNIE

Account No: 706565638

Date of Birth: 09/09/1998

Gender: F

Phone No: (454)545-4545



Demographics

Insurance

Clinical

Patient Preferences

Last Name	First Name	Date of Birth	Gender	Language
<input type="text" value="DOE"/>	<input type="text" value="JANE"/>	<input type="text" value="04/29/1977"/>	<input checked="" type="radio"/> Male <input type="radio"/> Female	<input type="text" value="SPANISH"/>
SSN	Anonymous Passphrase			
<input type="text" value="000-00-0000"/>	<input type="text" value="YELLOW BIRD"/>			

[Expand All](#) | [Collapse All](#)

ADDRESS INFO

Address 1	Address 2	Zip Code	City	State
<input type="text" value="444 PRIMARY ADDRESS"/>	<input type="text" value="SECONDARY ADDRESS"/>	<input type="text" value="50320"/>	<input type="text" value="DES MOINES"/>	<input type="text" value="IA"/>
Country				
<input type="text" value="USA"/>				

CONTACT INFO

Phone Cell	Phone Day	Phone Evening	E-mail	Fax
<input type="text" value="(454)454-555"/>	<input type="text" value="(454)454-555"/>	<input type="text" value="(454)454-555"/>	<input type="text" value="aleman.john@gmail.com"/>	<input type="text" value="(454)454-555"/>
Best time to call	<input checked="" type="checkbox"/> Work?	<input checked="" type="checkbox"/> Work?		
<input type="text" value="6.00PM - 10.00PM"/>				

DNF DETAILS

DNF Code	DNF Initials	DNF Start Date	DNF End Date	Discontinue Code
<input type="text" value="84"/>	<input type="text" value="SDF"/>	<input type="text" value="10/27/2017"/>	<input type="text" value="12/31/2049"/>	<input type="text" value="41"/>

SECONDARY CONTACT INFO

Relationship with Patient	Last Name	First Name	Phone Cell	Phone Day
<input type="text" value="FRIEND"/>	<input type="text" value="ROARK"/>	<input type="text" value="BEN"/>	<input type="text" value="(786)787-9898"/>	<input type="text" value="(786)787-9898"/>
Phone Evening	Address Category	Address 1	Address 2	City
<input type="text" value="(786)787-9898"/>	<input type="text" value="PATIENT"/>	<input type="text" value="123 MALL"/>	<input type="text" value="-"/>	<input type="text" value="LENEXA"/>
State	Zip Code			
<input type="text" value="KS"/>	<input type="text" value="66207"/>			

[← Back to Wizard](#)[HIPAA Authorized Other](#)[DNF History](#)[Clear All Fields ✕](#)