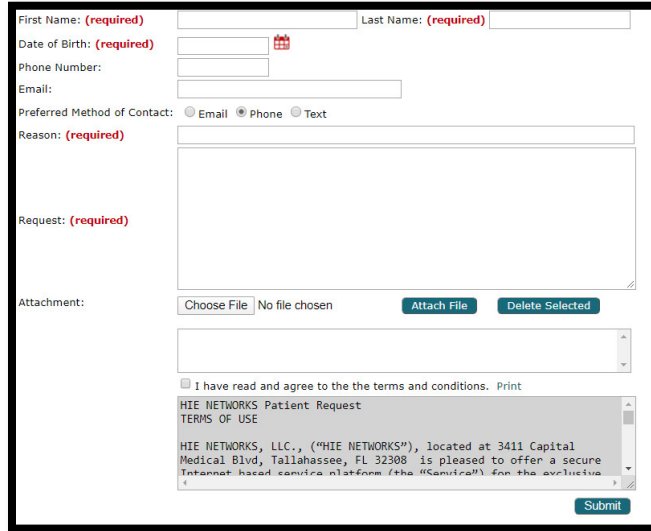


Patient Request

1. Add provided Patient Request to your website contact pages, or provide directly to patient
2. Patient accesses link through any web browser and completes the below fields



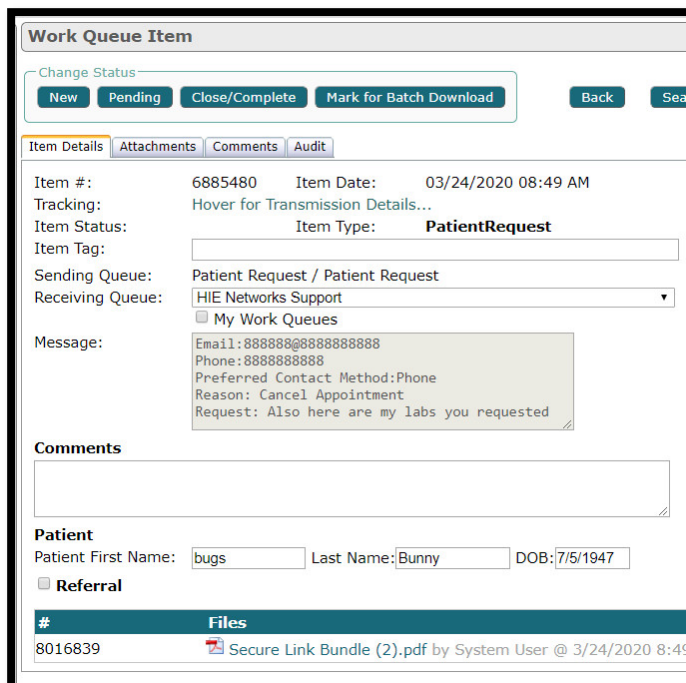
The form contains the following fields and options:

- First Name: (required) [Text Input]
- Last Name: (required) [Text Input]
- Date of Birth: (required) [Text Input]
- Phone Number: [Text Input]
- Email: [Text Input]
- Preferred Method of Contact: Email Phone Text
- Reason: (required) [Text Area]
- Request: (required) [Text Area]
- Attachment: [Choose File] No file chosen [Attach File] [Delete Selected]
- I have read and agree to the the terms and conditions. Print
- TERMS OF USE: HIE NETWORKS Patient Request
HIE NETWORKS, LLC., ("HIE NETWORKS"), located at 3411 Capital Medical Blvd, Tallahassee, FL 32308 is pleased to offer a secure Internet based service platform (the "Service") for the exclusive
- [Submit]

3. Once submitted by patient you will receive a work queue item in your received queue with this



*****Please note you CANNOT communicate with patient through this process*****



The interface shows the following details for a Work Queue Item:

- Change Status:** [New] [Pending] [Close/Complete] [Mark for Batch Download] [Back] [Search]
- Item Details:**
 - Item #: 6885480
 - Item Date: 03/24/2020 08:49 AM
 - Tracking: Hover for Transmission Details...
 - Item Status: [Text Input]
 - Item Type: PatientRequest
 - Item Tag: [Text Input]
 - Sending Queue: Patient Request / Patient Request
 - Receiving Queue: HIE Networks Support
 - My Work Queues
 - Message: Email: 888888@8888888888
Phone: 8888888888
Preferred Contact Method: Phone
Reason: Cancel Appointment
Request: Also here are my labs you requested
 - Comments: [Text Area]
 - Patient: Patient First Name: bugs Last Name: Bunny DOB: 7/5/1947
 - Referral
- Files:**

#	Files
8016839	Secure Link Bundle (2).pdf by System User @ 3/24/2020 8:49