

How to send an e-Referral using your Best Practice software



**I-MED Radiology
Network**

Comprehensive care. Uncompromising quality.



Bp

Step 1:

- Open up your Patient Record in Best Practice.
- Please make sure that the patient's record has a mobile number or an email address.
- This is so that they can be contacted about their e-Referral.
- Press 'Save'

Edit patient

Title: Mr. Family name: Test Given name: Callback Middle name: Preferred name: Alan Date of Birth: 1/01/1970 Age: 51 yrs Sex: Male Ethnicity: Australian, non indigenous Address Line 1: 12 John St Address Line 2: City/Suburb: Woodlane Postcode: 2371 Postal Address: City/Suburb: Postcode: Home phone: 02 Work phone: Mobile phone: Contact via: Email Consents to: E-mail: * These name fields are used for Health Identifier lookups. Update address of all family members Update address of all currently at original address

Health Identifier: HI Status: Medicare No.: 4133180467 IRN: 2 Expiry: 12/13 Pension/HCC No.: 123456789 Expiry: 13/01/2014 Pension card type: Health Care Card DVA No.: Safety Net No.: Record No.: 101 Patient ID: 2 Usual doctor: Dr Frederick Findacure Deny access to other users: Usual visit type: Usual account: Direct Bill Health Ins. Fund: Medihealthy Health Ins. No.: 123123123 Expiry: 5/03/2021 Religion: Baptist Head of family: Self Next of kin: Madeline Abbott Emergency contact: Occupation: Health Care Home: Nil Expiry: 5/03/2021 HCH

By: Practice On: 11/02/2004 Last Updated By: Frederick Findacure Last Updated On: 04/03/2021 03:22:52 PM

General notes: Appointment notes: Contact Notes Ep Comms Consent Registered for CTG PBS Co-payment relief Inactive Deceased Date of death: 2/06/2020 Cause: Referral details Bank account Medicare/DVA eligibility check **Save** Cancel

Home phone: 02 9123 9123 Work phone: Mobile phone: 0412345678 Contact via: Mobile ph. Consents to: E-mail: test.patient@mail.com

Step 2:

- Once you've returned to the patient's record, click on the "Imaging request" icon.
- Alternatively, press "Shift F6" to open up the "Imaging Request" window.



Mr. Callback Test

File Open Request Clinical View Utilities Help

Name: Callback "Alan" Test
Address: 12 John St Woodlane 2371
Medicare No: 4133180467-2 12/13 Record No.: 1
Occupation:
Blood Group:
Allergies / Adverse Drug Reactions: Reactions

Item	Reaction	Severity
House dust mite	Bronchospasm	Severe
Trifle	Nausea	Severe
Aluminium Hydroxide		

Expand Collapse

Mr. Callback Test

- Today's notes
- Past visits
- Current Rx
- Past history
- Immunisations
- Investigation reports
- Correspondence In
- Correspondence Out
- Past prescriptions
- Observations
- Family/Social history
- Clinical images
- Enhanced Primary Care

Imaging request

Request date: 23/12/2020 Provider: I-MED Radiology

Plain X-Ray
 Special X-Ray
 Ultrasound
 Duplex ultrasound
 CT
 MRI
 Mammography
 Bone densitometry
 Nuclear medicine
 User defined

Region: Abdomen, Ankle, Cervical spine, Chest, Clavicle, Coccyx, Elbow, Eye, Facial Bones, Femur, Finger, 2nd

Clinical details: ? Avascular necrosis, ? Bowel obstruction, ? Cholelithiasis, ? Crush fracture, ? Discitis, ? Dislocation, ? Fracture

Add an entry to the actions database
 Do not send to My Health Record

Due on: 23/12/2020

Imaging request

Request date: 23/12/2020

Provider: I-MED Radiology

a Plain X-Ray

Special X-Ray

Ultrasound

Duplex ultrasound

CT

MRI

Mammography

Bone densitometry

Nuclear medicine

User defined

Clinical details:

Left Right

b Region

Abdomen

Ankle

c Cervical spine

Chest

Clavicle

Coccyx

Elbow

Eye

Facial Bones

Femur

Finger, 2nd

Requests to be printed on form:

c Plain X-ray - Cervical spine

Details to be printed on form:

d

? Avascular necrosis

? Bowel obstruction

? Cholelithiasis

? Crush fracture

? Discitis

? Dislocation

? Fracture

Add an entry to the actions database

Do not send to My Health Record

Due on: 23/12/2020

Print &

Step 3:

- Please select I-MED Radiology as the "Provider".
- Please note: This needs to be the I-MED Radiology set with the order pathway configured for e-Referrals.

Step 4:

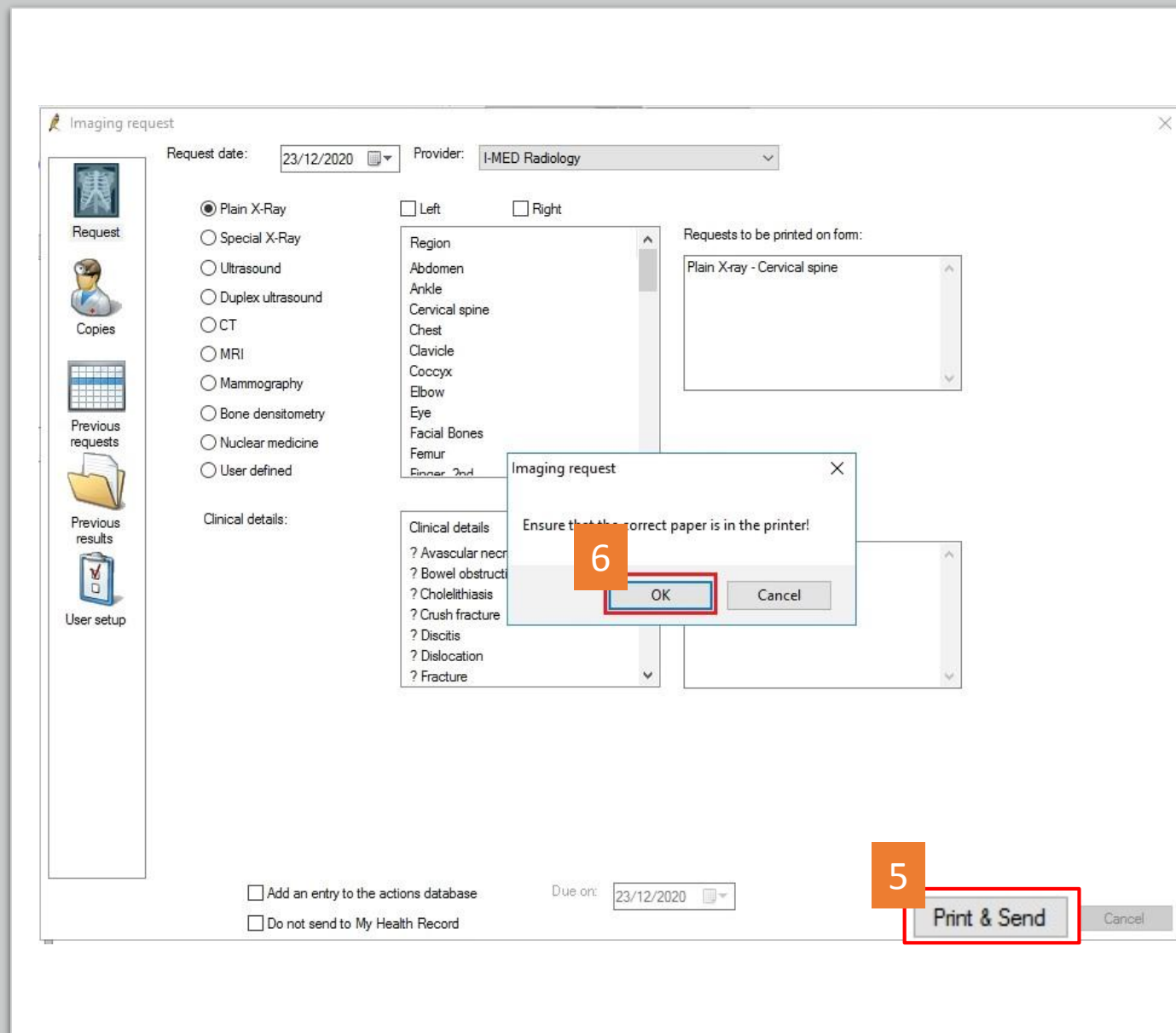
- Select type of Imaging Request (e.g. Plain X-Ray etc.)
- Select the Region (e.g. Cervical Spine).
- Your imaging and region selections will flow through to "Requests to be printed on form" box.
- You can add any special instructions, free text or urgent requests to the box named "Details to be printed on form."

Step 5:

Now click on "Print & Send".

Step 6:

You will receive a message saying "Ensure that the correct paper is in the printer". Click "OK".



What happens next?

- Once you press "OK", your image request is encrypted and sent to us.
- The file is then generated as an image request for the Contact Centre to process.



Patient information

Name	Callback Test	Date of Birth	01/01/1970
Email	testpatient@test.com	Gender	M
Phone	0412345678	Worker's compensation	
Address	12 John St, Woodlane NSW 2371		
Pregnancy status		Renal disease	
Contrast allergy		Diabetes metformin treatment	
Medicare number	4133180467		

Exam requested

Clinical details

Referring Practitioner

Name	Frederick Findacure	Provider Number	*****
Requester Number		AHPRA	
Phone	07 11122233		
Practice Name	Sorsix Test ORG		
Address			

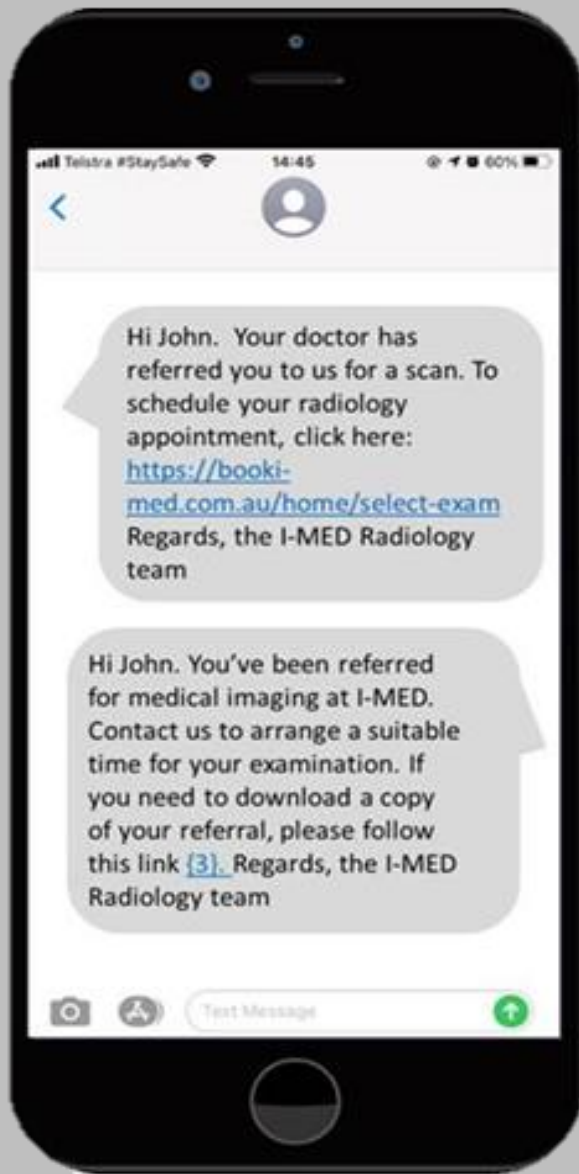
Cc Doctor

Name		Provider Number	
Email		Requester Number	
Phone		AHPRA	
Practice Name			
Address			

Signature

Name	<i>This digital referral has been submitted via an authenticated channel and is considered to be signed digitally.</i>		
Date	24/03/2021		

Your doctor has recommended that you use I-MED Radiology Network. You are free to choose your own diagnostic imaging provider. However, if your doctor has specified a diagnostic imaging provider on clinical grounds, a Medicare rebate will only be payable if that diagnostic imaging provider performs the service. You should discuss this with your doctor.



Finally ...

- Based on e-Referral setting (configured during set up), your patient will receive a text message with a booking link within 10 minutes to an hour.
- The text message will contain a link for them to book their appointment, and a link so they can download a copy of their e-Referral.
- Please ask your patient to contact us if they do not receive this message.
- We will follow up with those patients who do not have a mobile phone, but this may fall outside the one hour time period specified above.



Need support?

If you have any difficulties setting up your I-MED Radiology e-Referrals with Best Practice, our Referrer Success team will be happy to help. Please download TeamViewer (www.teamviewer.com) so that we can assist you remotely.

Make an appointment with our Referrer Success team by calling 1300 147 852 or emailing us at referrer.success@i-med.com.au.



To support you effectively, we'll need to share your screen – please download Teamviewer before your appointment.

Visit www.teamviewer.com



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