Installation of BCC Demographics Form

Run Second Opinion Professional, Click on the menu System, Click Preferences, then Click the Forms Tab.

🕫 Document Manager ()	×
System Folder Document Communication View Help	
Login Logout SOSAMPLE	
Print Setup ame: ATest, Patient Select Scan Source	
Preferences Change Password Exit Alt+F4 Demographics Form BCC Demographics Report	
Set up system preferences	

Click the Add button and browse to the BCC Demographics Form File.

Preferences						? 🗙
Communication Images	Sec	Security Site Information			Instrum Reports	nents
Name ATP Case ID T Forensic Exa testbtn	m Form	Date 10/12/2 10/05/2 01/07/2 01/08/2	2007 2007 2008 2008	Company Arizona Telemed Second Opinion	Create I Yes Yes Yes Yes	Fold Yes No No No
Add Description	Remove	III Pro	perties	Transfer Dat	а Ехро	> rt
			Oł	(Canc	el j	Apply

Open			? 🗙
Look in: 🗀	SOFormDefs	• 🗢 💽	• 🖬 📩
IQGainesv mask test. Med02.sof Med02GA. Med03.sof NUDemog2	ille.SOF sof s <mark>of</mark> sof 2.sof	的 NU 都 Pa 都 Pa 都 Ra 都 Ski	Demog.sof tient Encounter.sof tient Medical History.: tSurvey.sof d Referral Form.sof in Evaluation Form.so
<			>
File name:	Med02GA.sof		Open
Files of type:	Second Opinion Forms (*.sof)	-	Cancel

Now highlight the Demographics Form and Click Properties.

Preferences					? ×
Communication Images	Security Site Information			Instrum Reports	ients
The following custom fo	orms are installed:				
Name	Date	0	ompany	Create	Fold
TP Case ID	10/12/2	2007 Ar	rizona Telemed.	Yes	Yes
Demographics For	n 01/09/2	008 Si	econd Opinion .	Yes	No
👕 🚏 Forensic Exam For	m 10/05/2	2007 Si	econd Opinion .	Yes	No
a testbtn	01/07/2	2008		Yes	No
a Untitled Form	01/08/2	:008		Yes	No
<					>
Add R Description Demographics Form	emove Pro	perties	Transfer Data	в Ехро	rt
		Close	Cance	el j	Apply

Click on the check box labeled "Default Form", this will enable this demographics form to be the new "default form". Also, verify there are checks in the other check boxes highlighted below. Lastly Click OK.

Custom Form	Properties	? 🗙
Name:	Demographics Form	
Description:	Demographics Form	<
	Allow creating new documents with this form	
	Use this form to create new folders	
	Allow multiple copies of this form in a folder	
Category (for example, forms\exams):		
Company:	Second Opinion Software	
Date Created/ Last Modified:	01/09/2008	
Database:	DemographicsForm2002010804574911	
	Copy data OK Cano	el

BCC Demographics Form

To verify that the new Demographics Form is installed properly, Run Second Opinion and create a new folder. The new form should come up.



New Demographics Form Page 1

Demographics Info	rmation	\mathbf{X}
Patient Information Patient's ID: Patient's Name (Last, First, MI): Patient's Address: City: Telephone:	SS Number:	
Date of Birth (MM/DD/^^^^):	Gender: C Male C Female	
Patient Comments:		
	< Back Next > Cancel	

Note: All of the circled values are mandatory fields and cannot be left blank.

New	Demogra	nhics]	Form	Page 2
	Dunugra	pines		Lage P

🛋 Insured's Informati	on	×
Insured's Information Insured's ID: Insured's Name (Last, First, MQ: Insured's Address:	Same as Patient SS Num:	
City:	▼ State: Zip Code: ▼	
Telephone:		
Date of Birth (MM/DD/YYYY):	Gender: C Male C Eemale	
Insurance Plan:		
Insured Comments:		
	(Pack Next) Cancel	

Note: All of the circled values are mandatory fields and cannot be left blank.

New Demographics Form Page 3

					and the second
Referring Physician I Physician ID: Physician: Phone: Pager / Mobile: Facility: Site Code:	nformation	Site Name:	Fax: Email:	▼ ospital	• •
Referral Comments:					

Note: All of the circled values are mandatory fields and cannot be left blank.