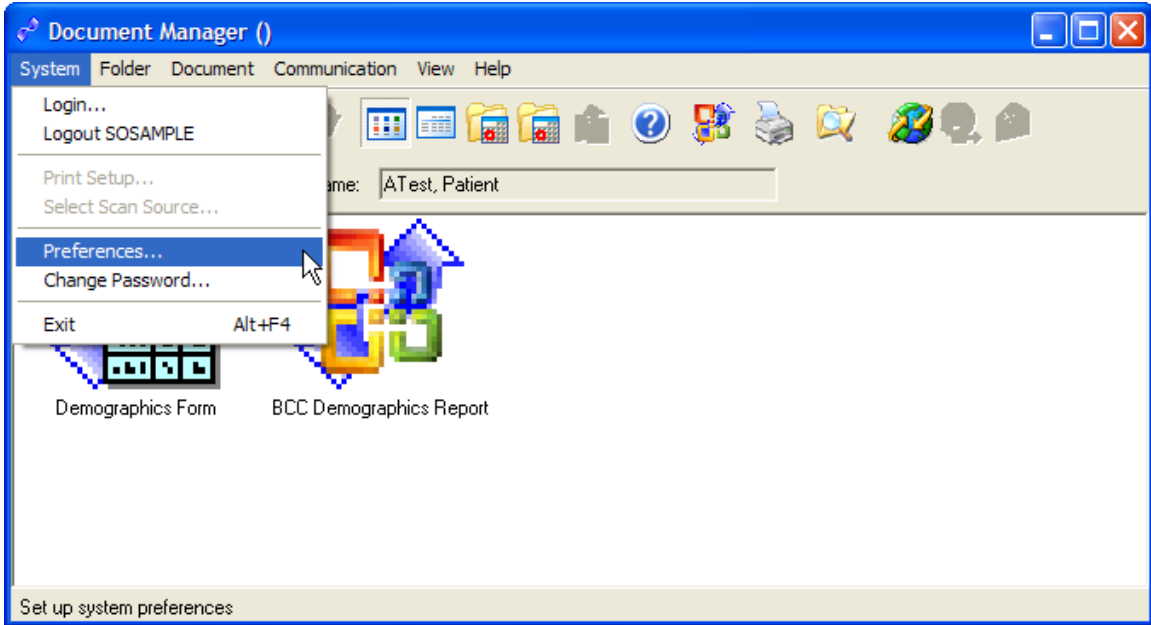
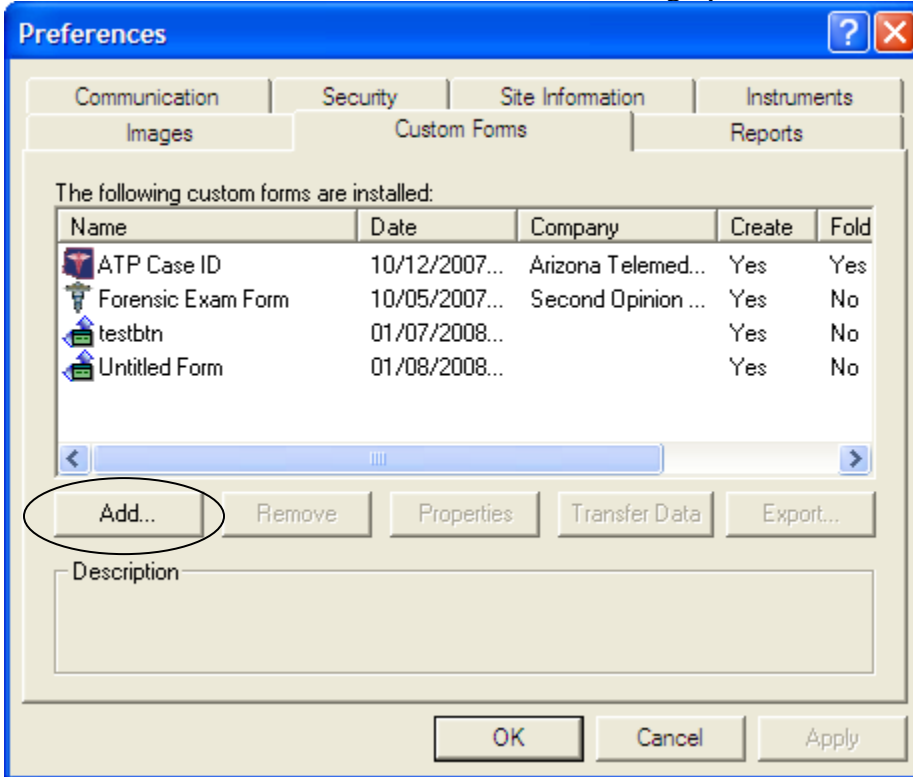


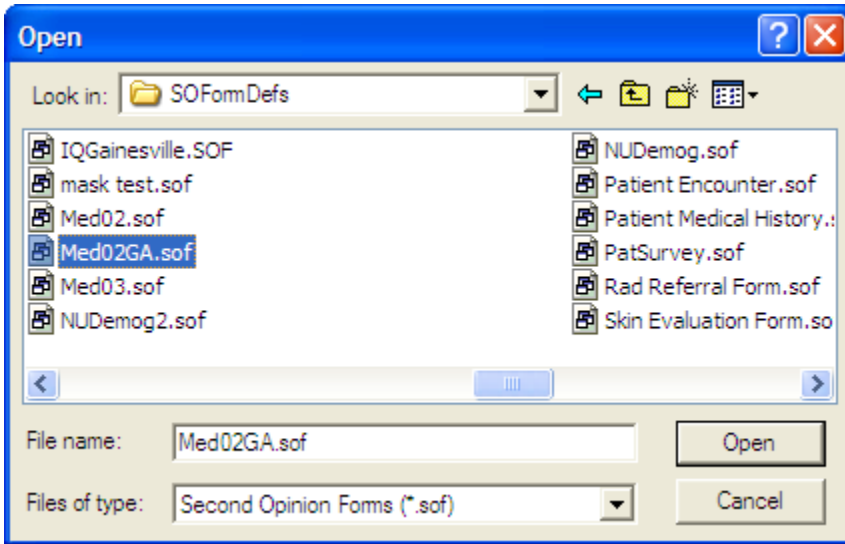
Installation of BCC Demographics Form

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

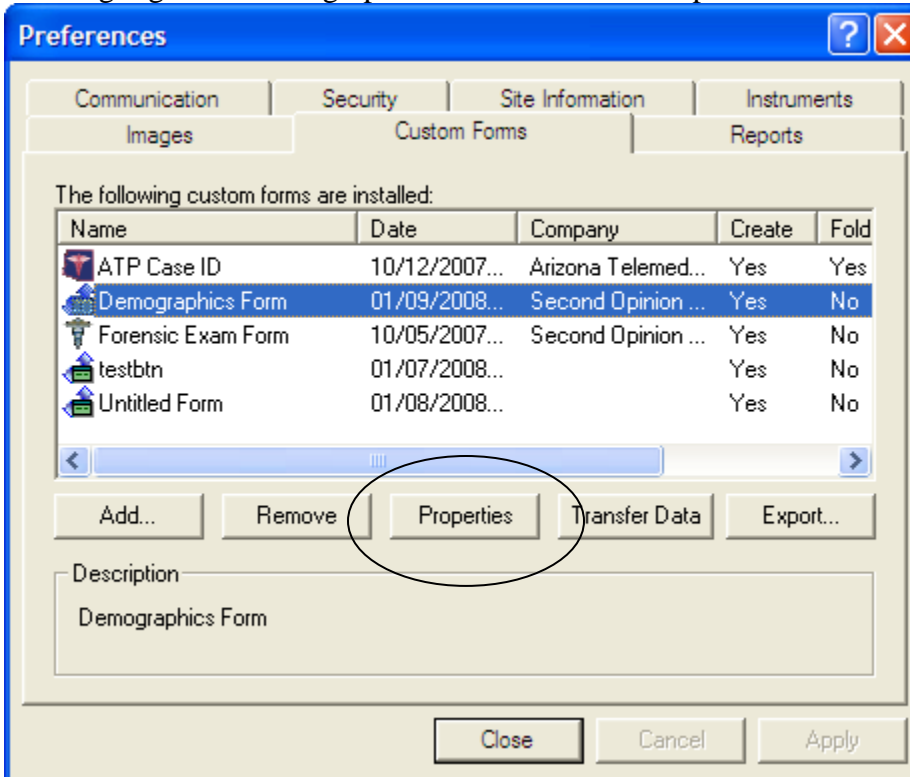


Click the Add button and browse to the BCC Demographics Form File.





Now highlight the Demographics Form and Click Properties.



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 Default 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

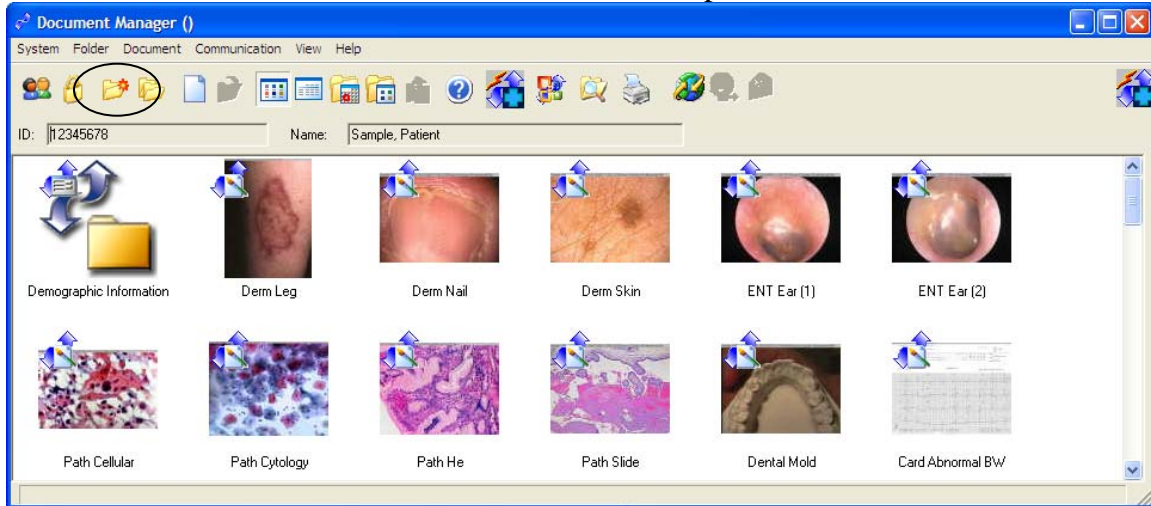
Date Created/Last Modified: 01/09/2008

Database: DemographicsForm2002010804574911

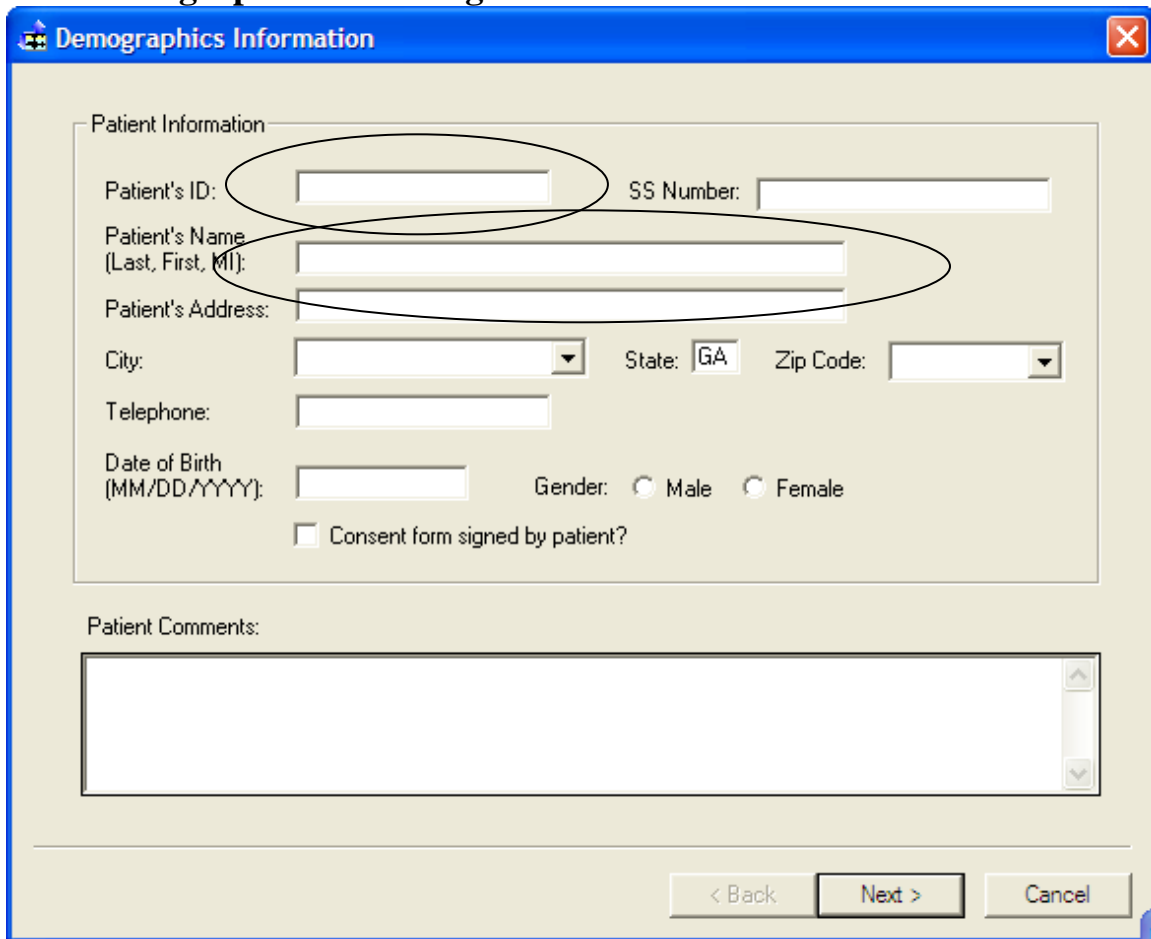
Copy data OK Cancel

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



The screenshot shows the 'Demographics Information' form. The 'Patient Information' section contains the following fields:

- Patient's ID: [Text box, circled]
- SS Number: [Text box]
- Patient's Name (Last, First, MI): [Text box, circled]
- Patient's Address: [Text box, circled]
- City: [Text box with dropdown arrow]
- State: [Dropdown menu, value 'GA']
- Zip Code: [Text box with dropdown arrow]
- Telephone: [Text box]
- Date of Birth (MM/DD/YYYY): [Text box]
- Gender: Male Female
- Consent form signed by patient?

The 'Patient Comments' section contains a large text area.

At the bottom, there are three buttons: '< Back', 'Next >', and 'Cancel'.

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

New Demographics Form Page 2

Insured's Information

Insured's Information

Insured's ID: Same as Patient SS Num:

Insured's Name (Last, First, MI):

Insured's Address:

City: State: Zip Code:

Telephone:

Date of Birth (MM/DD/YYYY): Gender: Male Female

Insurance Plan:

Insured Comments:

< Back Next > Cancel

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

New Demographics Form Page 3

Referred Information

Referring Physician Information

Physician ID:

Physician:

Phone: Fax:

Pager / Mobile: Email:

Facility:

Site Code: Site Name:

Referral Comments:

< Back Finish Cancel

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