



## Sending Documents With Medical Objects Word Plug In

Once you have completed your document and saved as usual you can send this to the referring GP.

Choose the “Add- Ins” Tab

Click “Send”

A screenshot of the Microsoft Word interface. The ribbon is set to 'Add-Ins'. The 'Medical-Objects' ribbon is active, showing a 'Send' button with a document icon and a 'Delivery Report' button. A dropdown menu is open under 'Medical-Objects', showing 'Print Dymo Labels' and 'Menu Commands'. A custom toolbar is visible below the ribbon with a 'Send' button. The main document area contains a letter template with the following text:

**Focus**

~~~~~

Dr David Anderson  
61 Wallace St  
MELBOURNE VIC 3000

Re: Test Patient  
Date of Birth: 17/05/1948  
Address: 14 Test Road  
Mooloolaba, Q, 4567

Thank you for referring Mr Test Patient.

During our consultation on the 7<sup>th</sup> of April Test raised a number of concerns.

Many of the issues have been causing Test anxiety:

- Blah Blah Blah
- Sha La La
- Dip tea do
- Last thing on the list

Test has agreed to try lots of strategies...

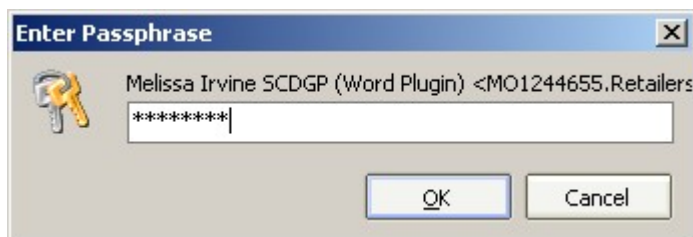
In summary blah blah blah. and of course blah.

Yours sincerely,

Dr. A. Practitioner  
Qualifications  
FOCUS  
Aerodrome Road  
Maroochydore, Q, 4558

Once Send is selected you will be prompted to enter your password

**Click your mouse in the white box, type 'default01'**



Once your password has been accepted the report details screen will appear.

You need to check and if not auto populated enter the following patient demographic details

**Patient Address, State, Postcode, Sex**

**Patient Details**

Surname: PATIENT First name: Test Middle name:   
 DOB: 17/05/1948 Medicare Number:   
 Street Address:   
 City: State: Postcode:   
 Patient Class: Outpatient Sex:   
 **Addressing Details**

Addressed to:   
 Copies to:   
 **Report Details**

Performed Date: 21.4.2010 Request Order Number: From:   
 Request Date: 21.4.2010 Report Title: Consultation Note Clinical Area: Clinical letter or report

**Consultation Note.**

**Focus**

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Aerodrome Road  
Maroochydore, Q, 4558

Confidential Report  For Approval before delivered Send Cancel

Choose the date that you saw the patient from “Performed Date”

**Click the Red 15 in the “Performed Date” box and the calendar will open–** choose the date (move the arrows left < and right > to choose the correct month)

The screenshot shows the 'Report Details' form. The 'Performed Date' field is highlighted with a red border and a red '15' icon. A calendar popup for April 2010 is open, showing the date 21st selected. The form contains the following fields:

- Patient Details:** Surname (PATIENT), First name (Test), Middle name, DOB (17/05/1948), Medicare Number, Street Address, City, State, Postcode (4558), Patient Class (Outpatient), Sex.
- Addressing Details:** Addressed to (Mr Ian LUDOWYKE), Copies to.
- Report Details:** Performed Date (21.4.2010), Request Order Number, From (Melissa IRVINE), Report Title (Consultation Note), Clinical Area (Clinical letter or report).

Choose the date of referral from “Request Date”

**Click the Red 15 in the “Request Date” box and the calendar will open–** choose the date (move the arrows left < and right > to choose the correct month)

The screenshot shows the 'Report Details' form. The 'Request Date' field is highlighted with a red border and a red '15' icon. A calendar popup for April 2010 is open, showing the date 21st selected. The form contains the following fields:

- Patient Details:** Surname (PATIENT), First name (Test), Middle name, DOB (17/05/1948), Medicare Number, Street Address, City, State, Postcode (4558), Patient Class (Outpatient), Sex.
- Addressing Details:** Addressed to (Mr Ian LUDOWYKE), Copies to.
- Report Details:** Performed Date (Invalid date), Request Date (21.4.2010), Request Order Number, From (Melissa IRVINE), Report Title (Consultation Note), Clinical Area (Clinical letter or report).

Check the "From" details are correct e.g. Focus Standard or Focus Suicide, if not then select the correct entry.

**Report Details**

**Patient Details**

Surname: PATIENT First name: Test Middle name:

DOB: 17/05/1948 Medicare Number:

Street Address:

City:  State:  Postcode:

Patient Class: Outpatient Sex:

**Addressing Details**

Addressed to:

Copies to:

**Report Details**

Performed Date: 21.4.2010 Request Order Number:  From: Melissa IRVINE (MI4558000KP)

Request Date: 21.4.2010 Report Title: Consultation Note Clinical letter or report

**Consultation Note.**

**Focus**

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61 Wallace St  
MELBOURNE VIC 3000

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Send Cancel

Choose the Report Title.

Choose “Consultation Note” for reporting after each visit

Or

Choose “Discharge Summary” when discharging the patient back into the GPs care (treatment course complete).

**Report Details**

**Patient Details**

Surname: PATIENT First name: Test Middle name: [ ]

DOB: 17/05/1948 Medicare Number: [ ]

Street Address: [ ]

City: [ ] State: [ ] Postcode: [ ]

Patient Class: Outpatient Sex: [ ]

**Addressing Details**

Addressed to: [ ]

Copies to: [ ]

**Report Details**

Performed Date: 21.4.2010 Request Order Number: [ ] From: Melissa IRVINE (MI4558000KP)

Request Date: 21.4.2010 Report Title: **Consultation Note** Clinical Area: Clinical letter or report

**Consultation Note.**

- Consultation Note
- Dialysis Record
- Discharge Summary
- Echocardiogram (ECG) - 12 Lead
- Echocardiogram (ECG) - General Report
- Electroencephalogram (EEG)
- Electromyogram
- Gas Transfer Study

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Send Cancel

From Addressing Details  
Click on the magnifying glass icon

**Report Details**

**Patient Details**

Surname: PATIENT First name: Test Middle name:   
DOB: 17/05/1948 Medicare Number:   
Street Address:   
City: State: Postcode:   
Patient Class: Outpatient Sex:   
**Report Details**

Performed Date: 21 4 2010 Request Order Number: From: Malices IDWINE (M14558000XR)

**Addressing Details**

Addressed to:   
Copies to:   
+   
X

The “Look Up Provider” box will open

Place your mouse in the white box  
Type GP name: last name, first name  
Click the lightning icon

**Lookup Provider**

Australian Directory  Local Providers  Online Providers Only  Show Inactive Providers

Surname <space> Firstname <Return> Max Search Type Add...   
ludo 50 Name

| Name | Practice Name | Phone | Address | Provider ID |
|------|---------------|-------|---------|-------------|
|------|---------------|-------|---------|-------------|

More Detail Legend: Provider is online OK Cancel

Click on the GP name to choose from the list (uncommon names will not have a list)

Click OK

**Lookup Provider**

Australian Directory  Local Providers  Online Providers Only  Show Inactive Providers

Surname <space> Firstname <Return> Max Search Type Add...   
ludo 50 Name

| Name          | Practice Name                           | Phone         | Address                        | Provider ID |
|---------------|-----------------------------------------|---------------|--------------------------------|-------------|
| LUDOWYKE, IAN | Sunshine Coast Division of General P... | (07) 54568888 | MAROOCHYDORE 26 Memorial Av... | IL4558000XR |

More Detail Legend: Provider is online OK Cancel

You will then be returned to the Report Details Screen

Check all the details are correct

Choose "Send"

**Report Details**

**Patient Details**

Surname: PATIENT First name: Test Middle name: [ ]

DOB: 17/05/1948 Medicare Number: [ ]

Street Address: [ ]

City: [ ] State: [ ] Postcode: [ ]

Patient Class: Outpatient Sex: [ ]

**Addressing Details**

Addressed to: Mr Ian LUDOWYKE (Sunshine Coast Division of General Pract)

Copies to: [ ]

**Report Details**

Performed Date: 21.4.2010 Request Order Number: [ ] From: Melissa IRVINE (MI4558000KP)

Request Date: 21.4.2010 Report Title: Consultation Note Clinical Area: Clinical letter or report

**Consultation Note.**

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**Send** **Cancel**

A Preview of the message will appear.

This is the last chance to cancel if you need to choose cancel below

If you are happy all details are correct  
**Choose OK to send the message**

