

## SCHEDULING NEXT EYE EXAMS IN ECLiPS

**It Is Important That We Schedule All Patients For Their Annual Exam & Have Dialogue With The Patient Around How They Would Like To Receive Reminder Communication.**

- From The **SCHEDULER TAB**, Select The Patient And Update/Confirm Communication Preferences
  - Click "Check Out" When Finished Updating Communication Preferences

Patient Communication Preferences\* (Please choose at least one communication preference)

I, the patient, "How would you like to receive appointment communications?"

or the patient's preferred communications method(s) below and verify/update the appropriate contact information.

Email:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	On you want to receive email for confirmations, reminders, information and offers from the doctor?
	Email Address: * <input type="text" value="studiolista@gmail.com"/>	
	Is this usual address registered to an adult? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Text:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Once opted-in, the patient will receive appointment communications via text.
Phone:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Opted-In: The patient has opted the patient out of Text Messages
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask the patient: "Is it OK if we call you with a live or pre-recorded appointment reminder?"
	Primary Phone: * <input type="text" value="Cell"/>	<input type="text" value="6198228223"/>
	Secondary Phone: <input type="text"/>	<input type="text"/>
al:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Send email notifications, for example eye exam reminder Postcards
	Address: * <input type="text" value="7269 Vassar Ave"/>	
	Address: <input type="text"/>	
City, State/Province, Zip/Postal Code: * <input type="text" value="La Mesa"/> CA <input type="text" value="91942"/>		
<input type="checkbox"/> Patient chooses not to receive appointment communications. <input type="checkbox"/>		
<input style="background-color: #0070C0; color: white; border: 1px solid #0070C0; padding: 5px; border-radius: 5px; font-weight: bold; font-size: 10pt; width: 150px; height: 30px;" type="button" value="Next Step"/>		<input style="border: 1px solid #0070C0; padding: 5px; border-radius: 5px; font-size: 10pt; width: 150px; height: 30px;" type="button" value="Cancel"/>

- Indicate If An RX Was Written And Enter Exp Date Or Bypass By Selecting NO
  - Select "Yes" When Prompted To Create Next Exam

DOCUMENT, LOG

**Create Next Eye Exam**

Check Out Patient

Was RX for glasses or contacts written?

Yes  No

Do you wish to create the Next Eye Exam for this patient?

Yes  No

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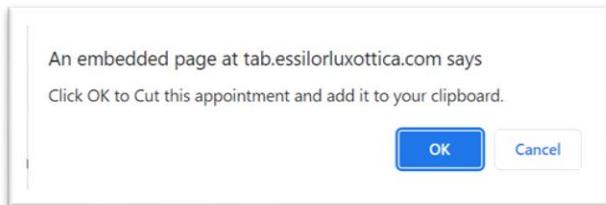
- Select Appointment Type On The Pull-down Bar
  - If You'd Like To Enter Any Notes, You Can Do So On In The Notes Area
  - Select Next When Ready For Next Step

\* = Required fields

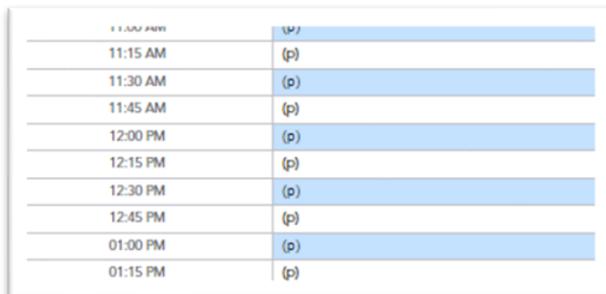
Last Name:	<input type="text" value="Stockard"/>
First Name:	<input type="text" value="Lisa"/>
Middle Name:	<input type="text"/>
Birth Date:	<input type="text" value="08/07/1980"/> (MM/DD/YYYY)
Appointment Type:	<input type="text" value="Existing Patient - Eye Exam"/>
<input checked="" type="radio"/> Doctor Preference: <input type="radio"/> No Doctor Preference	
<b>● Patient Communication Preferences</b> (Please choose at least one communication preference)	
Ask the patient, "How would you like to receive appointment communications?"	
Select the patient's preferred communication method(s) below and verify/update the appropriate contact information.	
<input checked="" type="radio"/> Email: <input type="text" value="Yes"/> <input type="text"/> Do you want to opt into email for confirmations, reminders, information and offers from the doctor?	
Email Address: <input type="text" value="stockardl@gmail.com"/> Is this email address registered to an adult? <input type="text" value="Yes"/>	
<input checked="" type="radio"/> Text: <input type="text" value="No"/> <input type="text"/> Once opted in, the patient will receive appointment communications via text. <small>STORY D. Office has opted the patient out of Text Messages.</small>	
<input checked="" type="radio"/> Phone: <input type="text" value="Yes"/> <input type="text"/> Ask the patient "Is it OK if we call you with a live or pre-recorded appointment reminder?"	
Primary Phone: <input type="text" value="Cell"/> <input type="text" value="619823-2823"/> Secondary Phone: <input type="text"/>	
Mail: <input type="text" value="Yes"/> <input type="text"/> Send mail notifications, for example eye exam reminder Postcards.	
Address: <input type="text" value="7269 Vassar Ave"/> Address2: <input type="text"/>	
City, State/Province, Zip/Postal Code: <input type="text" value="La Mesa"/> <input type="text" value="CA"/> <input type="text" value="91942"/>	
<input type="checkbox"/> Patient chooses not to receive appointment communications. <input type="radio"/>	

# SCHEDULING NEXT EYE EXAMS IN ECLiPS

- Click Ok to Cut and Paste the Appointment



- Click On "P" To Paste Your Appointment
- **Note:** The System Will Automatically Schedule 1 Year And 5 Days Out, But You Can Change The Date And Time To Accommodate The Patient (Use Calendar)
- All Pre-appointed Or Next Eye Exams Will Be "Pink" Once Scheduled



- By Completing This Process, It Will Mark The Patient As "Checked Out" On **The HOME TAB** In ECLiPS
- If The Patient Is In The Office For A Follow Up Or Anything That Is Not A Routine Exam You Will Not Pre Schedule-Their Annual Exam, However You Will Update "Checked Out" From The Pull-down Bar On The Home Tab

