

Ambulatory Referral to Neuropathic Therapy

When placing an Ambulatory Referral to Neuropathic Therapy, providers need to ensure they are choosing the Neuropathic Therapy order (NOT a Physical Therapy order) in order for the referral to be routed to the appropriate work queue. Additionally, the Reason field should be changed to Neuropathic Therapy as well.

Try It Out

1. Click **Add Order** in the visit taskbar and enter "**REF N T**" to search for the order.

REF N T	+	8

2. Select Ambulatory Referral to Neuropathic Therapy, and then click Accept.

#		Order Search					-		x
REF N T	<mark>.</mark>			B	rowse	Preference List	<u>F</u> acil	ity Li	st
🗏 Pane	els (No results found)								
🟠 Afte	r Visit Medications (No results found)								
🟠 Afte	r Visit Procedures 🛠								
	Name	Frequency	Type	Px Code	R	Resulting Agencies			_
囗	Ambulatory Referral to Neuropathic Therapy		Ref	REF21087					^
☆ ^	Ambulatory referral to Neuro Interventional Radiology		Ref	REF360					
ĥ	Ambulatory referral to Neonatology		Ref	REF44					
ĥ	Ambulatory referral to Nephrology		Ref	REF45					
ŵ	Ambulatory referral to Neurology		Ref	REF46					
	Ambulatory referral to Neuropsychology		Ref	REF47					~
🗬 Duri	ng Visit Orders ⊗								
				Select And	Stay	✓ <u>A</u> ccept	×	ance	el.

3. In the order details window, change the **Reason field** to reflect **Neuropathic Therapy**.

Ambulatory R	eferral to Neu	uropathic Therapy				✓ <u>A</u> ccept	X Cancel
Class:	Internal Ref.	Internal Referral	External Referral				
Referral:	Override restrictions						
	Priority:	Routine 🔎	Routine Urgent Ele	ective STAT			
	Reason:	neuro 🔎	Outpatient Physical The	erapy Special	ty Services Required	Second Opinion	
	l	Neuropathic Therapy	Patient Preference				
	To dept:	LLU NEUROPATH 🔎	LLU NEUROPATHICTHE	RAPY			
	To dept	Physical Therapy 🔎	Physical Therapy				
	To provider:		<i>२</i>				
	Type:	Neuropathic Ther 🔎	Outpatient PT/OT/SP	Consultation	Physician Referral/P	ost Op	
Treatments Week:	per 1	1-2 2 3	4 5				
• Number of V	visits						
Referral Det	ails:						
Specific Refe Instructions:	erral						
Show Addition	al Order Detail	ils ≽					
🔒 <u>N</u> ext Require	ed					✓ <u>A</u> ccept	X Cancel

4. Complete all other field requirements, and then click Accept.

You Can Also...

Add this order as a favorite

1. From the Shopping Cart, hover over the order and click the **Star button**.



2. The Add to Preference List window appears. Customize the Order as you want it to populate, and then click Accept. The order is now saved as a favorite.

Add To Preference List							X
<u>O</u> rderable:	Ar	mbulatory Referral to Neuro	pathic Therapy [REF21087	(Pref List:	Preventive Care)	,
<u>D</u> isplay name:	Ar	mbulatory Referral to Neuro	pathic Therapy	Section:	My Favorites	٩	New
⑦ Note							^
Blank value	s will rema	ain blank when this order is	s selected from your prefe	rence list.			
Class:	Internal I	Ref 🔎 Internal Referral	External Referral				- 11
Referral:	Priority:	Routine 🔎	Routine Urgent Elec	tive			- 11
	Reason:	Neuropathic Ther 🔎	Outpatient Physical Ther	apy Special	ty Services Required	Second Opinion	- 11
			Patient Preference				- 11
	To dept:	LLU NEUROPATH 🔎	LLU NEUROPATHICTHER	APY			- 11
	To		9 9				- 11
	Type:	Neuropathic Ther 🔎	Outpatient PT/OT/SP	Consultation	Physician Referral/Po	ost Op	- 11
Treatments p Week:	ber	1 1-2 2 3	4 5				
Number of V	/isits						- 11
Referral Deta	ails:						~
						Accept <u>C</u>	ancel

3. When searching for an order, choose the **Browse** tab and select **Only Favorites** to view your updated favorite list.

₩	Orc	ler Search		_	- 🗆 X
	P		<u>B</u> rowse	<u>P</u> reference List	<u>F</u> acility List
🔘 🛹 During Visit 💿 🏠 After	Visit	•		-	
🖈 🗹 Only Favorites	Preventive Care		s	No current se	elections.
Preventive Care	My Favorites				
	Ambulatory Referral to Neuropathic Therapy	☆ □ CT Abdomen And Pelvis With and Contrast	Without		
	★ □ CBC with Diff	🜟 🔲 Echo Complete 2-D w color and Do	oppler		