

STAND-UP MRI

IDS / AbbaDox WEB PORTAL GUIDE

Request Appointment

To request an appointment click on the request appointment button.

The screenshot displays the AbbaDox web portal interface. At the top right, a red circle highlights the '+ Request Appointment' button. Below the navigation bar is a search and filter section with fields for Patient Name, Provider Name, Author Name, DOS, and DOB. A table lists MRI appointments with columns for Rec.#, Patient Name, Provider, Author, and Actions. The first row is highlighted. To the right, a 'Worklist Action' panel shows a detailed report for a 'STAND-UP MRI OF MIAMI UPRIGHT® MRI & 3.0T WIDE-BORE MRI'. The report includes patient information (TEST, MICHAEL), history (25-year-old gentleman), technique (Standard MRI pulse sequences), and findings (Sagittal images show very slight posterior slippage of L5 on S1. No lumbar fracture. No focal aggressive lumbar mass marrow lesion. L5-S1: Very slight posterior slippage. No disc herniation, nerve root impingement or central lumbar spinal canal stenosis. No significant lumbar facet arthropathy. L4-5: Slight lumbar degenerative facet arthropathy. No disc herniation, nerve root impingement or central lumbar spinal canal stenosis. L3-4: No disc herniation, nerve root impingement or central spinal canal stenosis. No significant facet arthropathy. L2-3: No disc herniation, nerve root impingement or central spinal canal stenosis. No significant facet arthropathy. L1-2: No disc herniation, nerve root impingement or central spinal canal stenosis. No significant facet arthropathy).

There are two types of appointment requests, Detailed Appointment Request and Quick Appointment Request.

The screenshot shows the 'Request an Appointment' wizard. It features a calendar icon and the title 'Request an Appointment'. Below the title, it says 'Please select one of the following appointment scheduling wizards'. There are two buttons: 'Detailed Appointment Request' and 'Quick Appointment Request', both with right-pointing arrows.

Quick Appointment Request

The Quick Appointment Request has two steps. First fill out the patient's information. Everything with an asterisk is required. (only one of the phone numbers are required not both). Next in Referring Provider select the referring doctor and press ADD. Under diagnosis fill in the diagnosis if applicable and press ADD. In the Request Appointment section choose the type of scan, search for the procedure, and click ADD. Choose a location and click Next.

The screenshot shows the 'Request Appointment' form with the following sections and highlighted elements:

- 1. Patient Information:** Fields for Date of Birth (02/21/1985), First Name (REFERRING), Last Name (TEST), and M.I. are circled. Below them are fields for Cell Phone 1 ((888) 999-9999) and Cell Phone 2 ((134) 567-6900), with the second circled. There are also fields for Email Address and Address 1/2, with a dropdown for 'Main', 'Mobile', or 'Other' circled.
- 2. Referring Provider:** A table with columns Name, Phone, Address, and City. The first row is selected and circled. An 'Add' button is circled at the bottom right.
- 3. Diagnosis:** A search field for 'Search Diagnosis' and a 'Create Date' field (MM/DD/YYYY) are circled.
- 4. Request Appointment:**
 - 1. Services/Procedures:** A search field for 'Search Procedure' and an 'Add' button are circled. Below, 'Selected Procedures' shows 'ANGLE LEFT MR: T2T21 (ALMR)'.
 - 2. Locations:** A list of locations is shown, with the second option circled. A map on the right shows the location of 'Stand-Up MRI of Fort Lauderdale'.
 - 3. Schedule:** A 'Scheduling Type' dropdown with a 'Find Available' button.

A 'Next' button is located at the bottom of the form.

When selecting the location a pop up will appear with safety questions. Just click out and it will disappear.

1. Services/Procedures
Select the procedure type and use the procedure lookup field to add your appointment

1 Summary
2 Confirmation

Questionnaire

Safety Questions*

- Cardiac Pacemaker, Aneurysm Clips, Defibrillators.
- Stents, Shunts, Filters.
- Implants of any kind.
- Brain Surgery, Heart Surgery, Eye Surgery, Ear Surgery.
- Any recent tattoos or permanent makeup in the last two weeks.
- Any surgeries in the last 6 weeks.
- Any chance of pregnancy.
- Do you have any pellets, bullets, shrapnel, BB's in your body or metal fragments in the eye? And if so, where?

***Safety questions - contact immediate manager or supervisor if "yes" to any**

Scheduling Question

- Any prior surgeries or scans of the body part(s) being scanned for comparison.
- Is the patient claustrophobic/ Can the patient lay down.
- Is this related to a Motor Vehicle accident, a slip and fall, or health related?
- Does the patient use a walker, cane, wheelchair, or a portable oxygen tank?

Appointment confirmation

- Let the patient know they are on a recorded line.
- Confirmed the location of the appointment.
- Confirm date, time, and, arrival time of the appointment.
- Confirmed the unit and body part(s) being scanned.
- Re-asked the safety questions.
- Re-asked if the patient had any prior surgeries or scans of the body part(s) being scanned for comparison.
- Re-asked if the patient use a walker, cane, wheelchair, or a portable oxygen tank?
- Confirmed the out of pocket that is due at the time of service.
- What insurance information patient needs to bring (auto policy information)
- Informed the patient to bring a picture ID.
- Made the patient aware on how to dress.

Submit Questionnaire

Next

Once NEXT is selected the conformation page will appear. Click SUBMIT REQUEST and a prescription will be automatically generated.

Request Appointment

1 Summary
2 Confirmation

Confirmation
Confirm the details of your appointment request before submission.

Patient Information

| First Name | Last Name | Email | Address |
|------------|----------------|-------|---------|
| REFERRING | TEST | | |
| Cell Phone | Home Phone | | |
| | (134) 567-8900 | | |

Referring Physician

| Physician Name | Phone | Location |
|----------------|------------|---------------------------------|
| TEST | 3055962828 | 7800 SW 87TH AVE |
| REFERRING | | SUITE A110, MIAMI, FL, 33173 |

Diagnosis

No diagnosis added

Visit Details

| Arrival | | Location | |
|-----------------|--------------|---------------------------------|---|
| Date of Service | Arrival Time | Office Name | Address |
| Invalid date | Any | Stand-Up MRI of Fort Lauderdale | 4616 N. Federal Highway Ft Lauderdale, FL |
| | | Phone | 954-489-0099 |

| Modality | Services/Procedures | Body Position |
|----------|-----------------------------|---------------|
| MR | ANKLE LEFT MRI 73721 (ALMR) | |

Back Submit Request

Detailed Appointment Request

The Detailed Appointment request is broken up into 4 steps. In Step 1 First fill out the patient's information. Everything with an asterisk is required. (only one of the phone numbers are required not both). Under insurance select if the patient has insurance or not, and input their insurance information. If there are notes or other documents they can be uploaded under ATTACH FILES. Then click NEXT.

Request Appointment

1 Patient Information

Enter your information in the fields below.

Date of Birth* 02/18/1987 First Name* referring Last Name* test MR. **Find Patient**

Cell Phone #* (999) 999-9999 Home Phone #* (123) 456-7890 Address 1

Email Address Enter Email Address Address 2

Gender* **Male** Female Other City State Zip Code

Insurance Information

Does your insurance? **No**

Insurance Provider Policy # Group #

Attach Files

If you have a prescription, please upload it using the component below.

Drag and Drop files here

Browse Files

Next

In Step 2 under Referring Profider Select the physician's name. If there are any special instruction or comments type them in the box under Add Comment and click NEXT.

Request Appointment

2 Referring Provider

Press "Add" after selecting Referring Physician

| | Name | Phone | Address | City |
|-----------------------|------|-------|---------|------|
| <input type="radio"/> | TEST | TEST | TEST | |
| <input type="radio"/> | TEST | TEST | TEST | |

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Add

Add Comment

Add a comment along with your appointment request

Recipient: Comment to Referring Physician & center

Comment

Back **Next**

In Step 3 Under diagnosis fill in the diagnosis if applicable and press ADD. In the Request Appointment section choose the type of scan, search for the procedure, and click ADD. Choose a location and click Next.

Request Appointment

- 1 Patient Information
- 2 Ordering Provider
- 3 Procedures
- 4 Confirmation

Diagnosis
Press "Add" after selecting Procedure

Diagnosis: Search Diagnosis Onset Date: MM/DD/YYYY + Add

Request Appointment

1. Services/Procedures
Select the procedure type and use the procedure lookup field to add your appointment

Type: Procedure: + Add

Selected Procedures
Specify a body position to the selected procedures

ABDOMEN MRA 74185 (ABMRA) Add Body Position

2. Locations
Search or select a location below

Location:

- Stand-Up MRI Boca Raton, P.A.
9080 Kimberly Blvd
Boca Raton, FL
- Stand-Up MRI of Fort Lauderdale
616 N. Federal Highway
Fort Lauderdale, FL
- Stand-Up MRI of Miami
1561 SW 37th Avenue
Miami, FL
- Stand-Up MRI & Diagnostics Center, P.A.
55 West Granada Blvd
Ormond Beach, FL

3. Schedule
Select the first available appointment slot

Please add a procedure and select a location above.

Back Next

Once NEXT is selected the conformation page will appear. Click SUBMIT REQUEST and a prescription will be automatically generated.

Request Appointment

- 1 Patient Information
- 2 Ordering Provider
- 3 Procedures
- 4 Confirmation

Confirmation
Confirm the details of your appointment request before submission.

Patient Information

| | | | | | | |
|------------|-----------|------------|----------------|-------|--|---------|
| First Name | referring | Last Name | test | Email | | Address |
| Cell Phone | | Home Phone | (123) 456-7890 | | | |

Insurance Provider
No insurance added

Attachments
No attachments added

Referring Physician

| | | |
|-----------------|------------|---|
| Physician Name | Phone | Location |
| CESAR CEBALLOS, | 3055962828 | 7800 SW 87TH AVE SUITE A110, MIAMI, FL, 33173 |

Comments
No comments added

Diagnosis
No diagnosis added

Visit Details

| | | | |
|-----------------|-------------------------------|-----------------|-----------------------------------|
| Arrival | | Location | |
| Date of Service | Invalid date | Arrival Time | Any |
| Office Name | Stand-Up MRI Boca Raton, P.A. | Address | 9080 Kimberly Blvd Boca Raton, FL |
| Phone | 561-470-1890 | | |

| | | |
|----------|-----------------------------|---------------|
| Modality | Services/Procedures | Body Position |
| MR | ABDOMEN MRA 74185 (ABMRA) | |
| MR | ANKLE LEFT MRI 73721 (ALMR) | |

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