

Request Form for Document Delivery-type Hub

Only for those practices that have an EMR. Delivery of reports and results is to your computer/server.

Practice Name	
Specialty/type	
HCAPS? (MD = HCA Employee)	
# of Clinics	

Practice Address	
Street	
Street 2	
City	
State	
Zip	

Practice Clinical Contact:	
Name	
Phone	
Email	

Practice Technical Contact:	
Name	
Phone	
Email	

If practice has a Proxy server, please complete the below fields: (If not Proxy server, indicate that here.)

To see if you have a proxy please check the LAN Settings on your browser using this method:

Tools->Internet Options->Connections->LAN Settings

Proxy hostname:	
Proxy port:	
Proxy user ID:	
Proxy password:	

Result Type	Do you want these results types? (Yes or No)
Laboratory	
Microbiology	
Radiology Reports	
OE Reports (* see note below)	
Pathology	
ADT/Facesheets	

* OE Reports” include dictated reports such as Operative Reports, Discharge Summaries, H&P, etc.

Please check the reports that you want to receive:

Central West Texas OE Report Categories	
Cardiology	
EKG	
ECHO	
Cath Report	
Perfusion Scan	
Stress Test	
Tilt Table	
Vascular Access Note	
Electrophysiology	
Holter	
Procedure Note	
General	
Consultation	
Discharge Summary	
ER Report	
History & Physical	
OP Note	
Progress Note	
Cath Report	
ER Letter	
Short Stay Note	
Stress Test	
Urgent Care Clinic	
Addendum	
Procedure Note	
Doppler	
ER DR Report	
ER NUR Report	
OB	
Delivery Summary	
Radiology	
Bone Density	
Nuclear Med Letter	
Neuro	
EEG	
GI	
Endoscopy	
Pulmonary	
PFT	
Sleep Study	
Transplant	

Transplant Report	
Transplant Letter	

** Please note that dictated Reports are not available until after the MD has signed them (either electronically or manually).

Staff that will be accessing these results & reports:

(User ID would be their MEDITECH 3-4 User ID if user has one.)

User ID	Last Name, First Name

Pre-Implementation Questions

4. What method do you use for managing patient clinical data?
 - a. Only paper
 - b. Only electronic
 - c. Combination of paper and electronic
5. Please choose your current level of process automation:
 - a. Fully automated
 - b. Partially automated (Part electronic, part paper-based)
 - c. Manual (human intervention required for all processes)
6. What is the typical turnaround time between when the patient's test is performed and the practice receives the results?
 - a. 1-6 hours
 - b. 7-11 hours
 - c. 12-24 hours
 - d. 1-2 days
 - e. 3 or more days
7. How often do you request that a facility resend results that cannot easily be located?
 - a. Never
 - b. Rarely (once a month)
 - c. Occasionally (2-4 times per month)
 - d. Frequently (1-2 times per week)
 - e. Often (more than 3 times per week)

Although it is not required, it is highly recommended that you have the following order listed below. Please change the numbers if you would prefer a different naming sequence.

Example: C:\LAB\SMITH, JOHN~MILES~REBECCA~ANN~F~Jun 5, 1934~123456789~001090598~12345678.pdf

Please indicate the structure of the file name you would like to implement:

Lab Reports	Order	Textual Reports	Order
Last Name	1	Last Name	1
First Name	2	First Name	2
Middle Name	3	Middle Name	3
Gender	4	Gender	4
DOB	5	DOB	5
SSN	6	SSN	6
Internal Number	7	Internal Number	7
Accession Number	8	Accession Number	8
Test/Report Status	9	Test/Report Status	9
Interested Provider	10	Test/Report Name	10
		Observation Date	11
		Interested Provider	12

List the names of the folders (local or network accessible file shares) into which the system will deposit the generated result documents:

<<< Important: Please confirm that your specified Document Delivery folders are already in place on your server or will be created prior to submitting this form. >>>

Result Type	Folder (include full local path or UNC path)
LAB	
MICRO	
RAD REPORTS	
GEN REPORTS	
ADT	N/A