

Intermountain Medical Imaging Online Ordering Tutorial for Web Ordering 2.0

- *No physical signatures required*
- *Support for users across multiple providers & practices*
 - *Large Office synchronicity*

.....let's get started.

Online Ordering The Basics

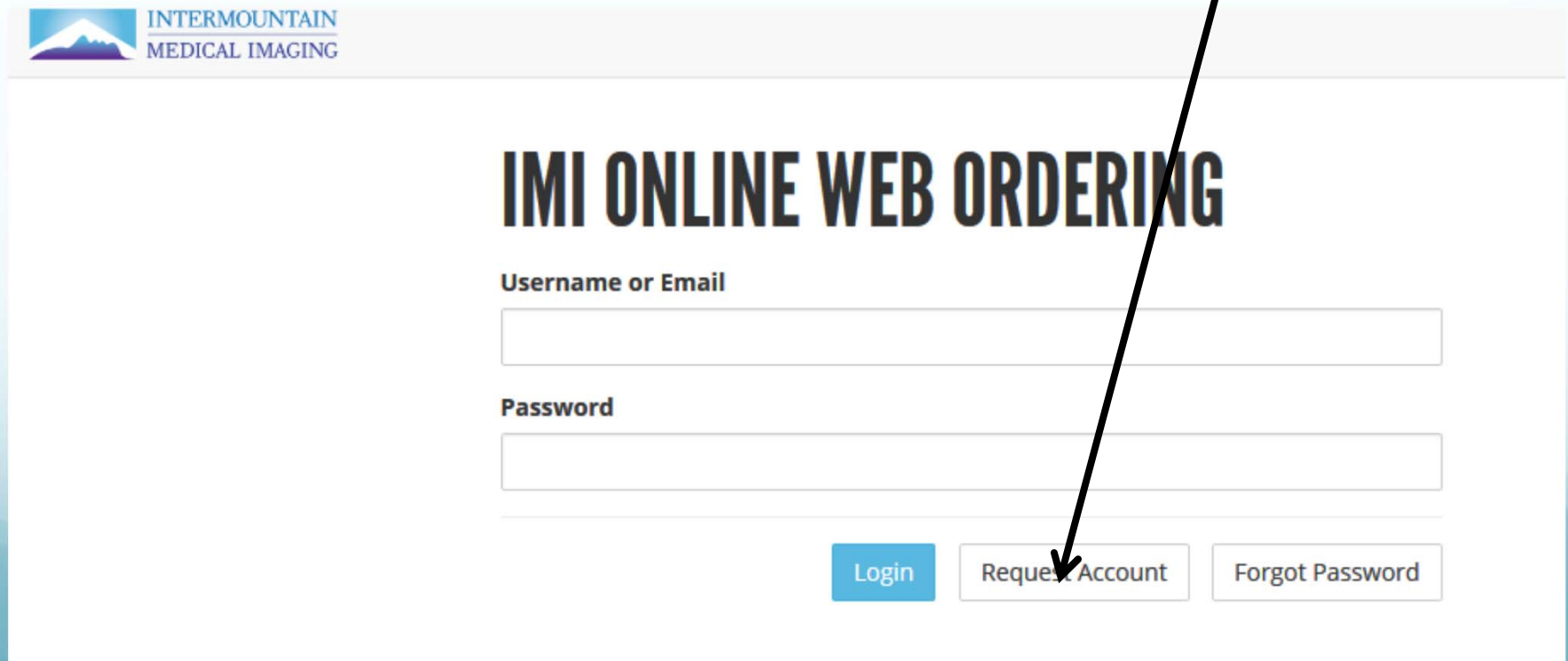
- Visit our website:
www.aboutimi.com
- Select the “Online Ordering” Link



Online Ordering

Requesting An Account

- New to the system? You will be required to “request an account”



INTERMOUNTAIN
MEDICAL IMAGING

IMI ONLINE WEB ORDERING

Username or Email


Password

Login Request Account Forgot Password

Online Ordering

Requesting an Account

- Fill out required fields and submit request. You can add in requested providers now, or at a later date.



REGISTER

Online ordering is available for medical providers and medical staff only.

Personal Information

Request Providers

Title

First Name *

Primary Phone *

Email Address *

Password *

Last Name *

Alternate Phone

Fax

Confirm Password *

Add Provider

NPI #	TITLE	FIRST NAME	LAST NAME	PRACTICE
Showing 0				

Submit

Cancel

Online Ordering

Create Your Account

- Print the User Agreement PDF
- Fax completed & signed agreement to (208) 384-9023
- Once approved and processed, we will email you your login and password
- In-service training session available up on request

INTERMOUNTAIN MEDICAL IMAGING

Orders rach berg ▾

COMPLETE YOUR REGISTRATION

Congratulations! You are one step closer to being able to utilize the IMI Online Ordering system. Please download and complete the user agreement below, including required signatures, and either fax (208.384.9023) or email (marketing@aboutimi.com) the completed forms to IMI. Once received, we will be able to process your request. Questions? Feel free to contact us at 208.384.9067.

**** As a reminder, online ordering is available for Medical Providers and Medical Staff only ****

TO COMPLETE ACCOUNT ACTIVATION:

- 1 Submit User Agreement (by User/Provider Office)
- 2 Provider Authorization Confirmed (by IMI)
- 3 Account Approved (by IMI)

CONFIDENTIALITY AND WEB SCHEDULER USER AGREEMENT Action Required

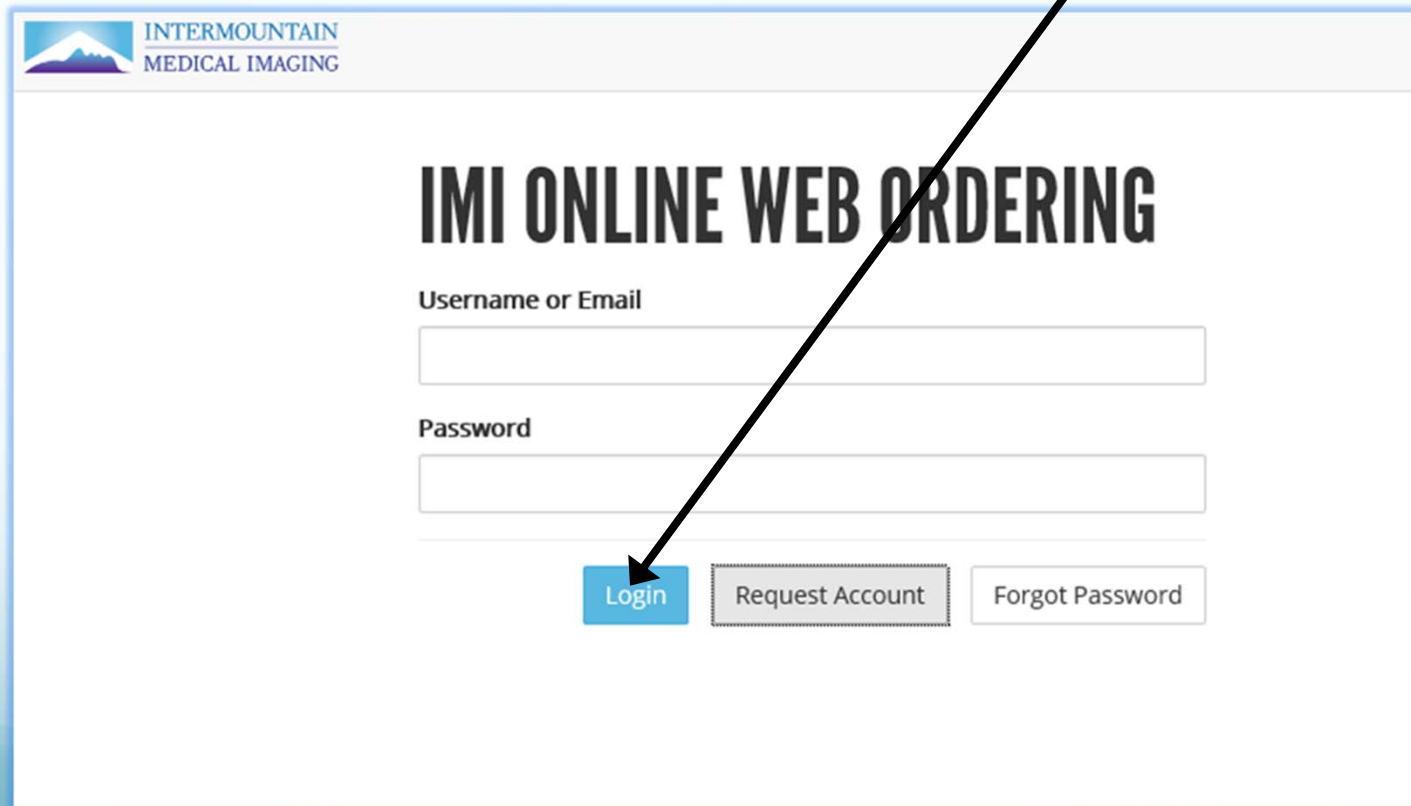
[Download/Print Form](#)

Logging into Online Ordering

Here we go...

Logging into the system

- Already have an account? Enter your email address (login) and password and click the “login” button



INTERMOUNTAIN
MEDICAL IMAGING

IMI ONLINE WEB ORDERING

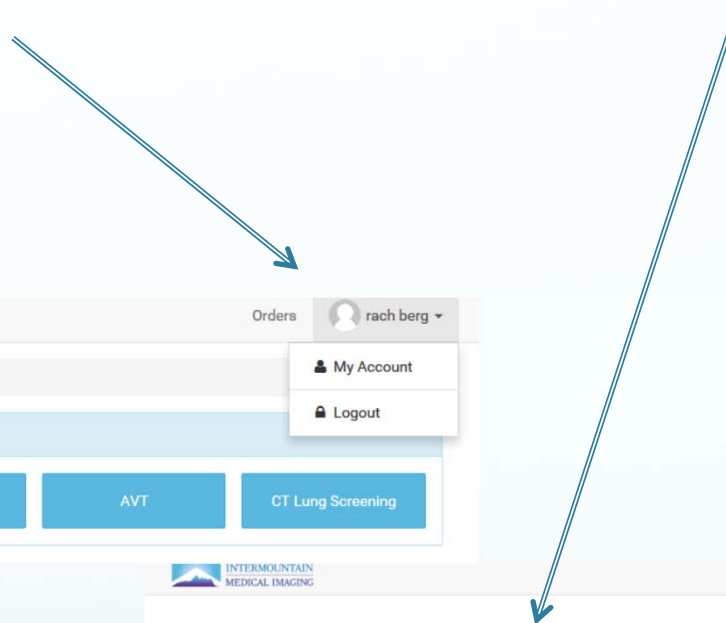
Username or Email

Password

Login Request Account Forgot Password

Verify Account Information

- Click your name in the upper right hand corner and select “My Account” to find your account specifics. This is where you can request new providers, update your user name, email, primary phone, fax, and/or password.



INTERMOUNTAIN MEDICAL IMAGING

Orders rach berg ▾

My Account

Logout

Create New Order

General Imaging Neuro/ENT PET Order Lumbar Puncture AVT CT Lung Screening

INTERMOUNTAIN MEDICAL IMAGING

Orders rach berg ▾

MY ACCOUNT RACH BERG

Personal Information

First Name *
rach

Last Name *
berg

Title

Primary Phone *
2088598222

Alternate Phone

Preferred Method
Email ▾

Email Address *
bergmann21@iman.com

Fax

Password

Confirm Password

Connected Providers

[Request New Provider](#)

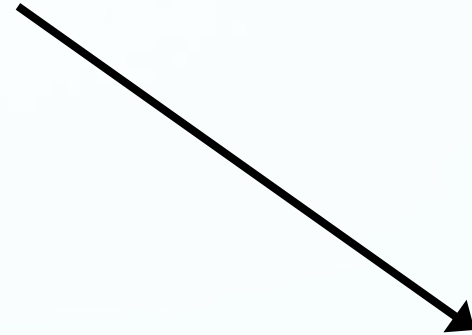
NPI #	NAME	PRACTICE	
AUTHORIZED			
1184665473	Dallas Peck	Intermountain Medical imaging - Meridian	Authorized
REQUESTED			
1831146034	Tim Hall	Intermountain Medical imaging - Meridian	Requested

Showing 2

Save Cancel

Adding Providers

- Go to “My Account” by clicking on your user profile in the right hand corner by the orders tab.



Adding Providers

- To request a new provider, click on the “Request New Provider” link. Search for your requested provider, select and save! Once we receive updated PW, we will approve your providers and add them to your provider list.

INTERMOUNTAIN MEDICAL IMAGING

Orders rach berg

MY ACCOUNT RACH BERG

Personal Information

First Name * rach

Last Name * berg

Title

Primary Phone * 2088598222

Alternate Phone

Preferred Method Email

Email Address *

Fax

Connected Providers

PROVIDERS

Request New Provider

NPI #	NAME	PRACTICE
AUTHORIZED		
1184665473	Dallas Peck	Intermountain Medical Imaging - Meridian

Showing 1

ASSOCIATE NEW PROVIDER

Search for a Provider

Save Close

ASSOCIATE NEW PROVIDER

scales

Lisa Scales (NPI: 1225075450)

Save Close

***Important Information About Account Maintenance

- Please remember that addition of any new provider after your initial account approval requires you to update your User Agreement PDF by including:
 - New provider name and NPI number
 - Initials and date of updated information
- Updated Online Ordering Account agreements can be faxed to 384-9023

Placing an IMI order

We've made it so easy!

Placing an Online Order

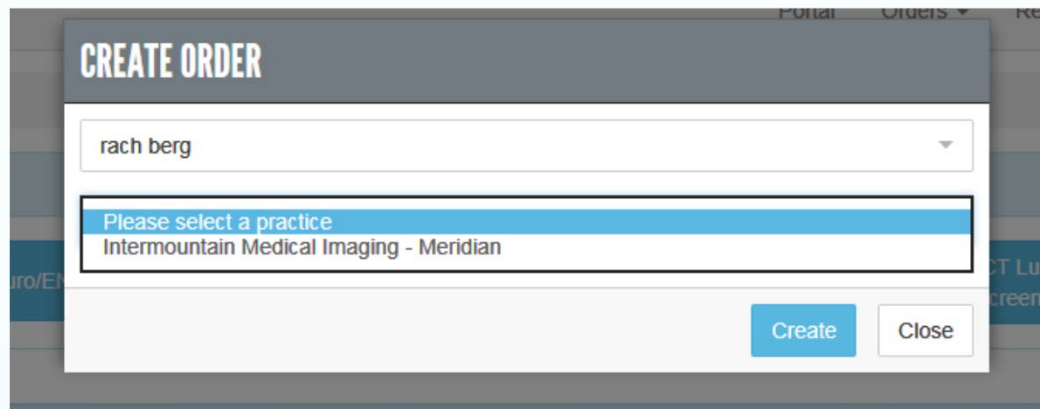
- Once logged in, you will see your order form options. Select from:
 - General Imaging
 - CT Lung Screening
 - Neuro/ENT
 - PET
 - Lumbar Puncture
 - Advanced Vein Therapy (AVT)

The screenshot shows the Intermountain Medical Imaging online order form interface. At the top, there is a header with the Intermountain Medical Imaging logo and a user profile for 'test tester'. Below the header, there is a navigation bar with a home icon and the text 'Orders'. The main section is titled 'Create New Order' and contains six blue buttons: 'General Imaging', 'Neuro/ENT', 'PET Order', 'Lumbar Puncture', 'AVT', and 'CT Lung Screening'. Below the buttons, there is a search bar with the text 'Search...'. At the bottom, there is a table with five columns: 'DATE', 'PATIENT', 'PROVIDER', 'AUTHORIZED USER', and 'STATUS'. Each column has a dropdown menu with the text 'Select...'. The table is currently empty, and the status 'Showing 1 to 0 of 0' is displayed at the bottom right.

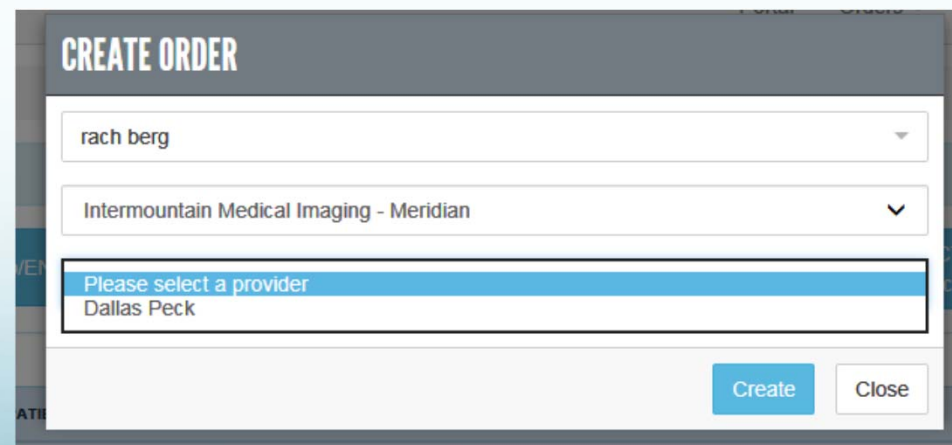
DATE	PATIENT	PROVIDER	AUTHORIZED USER	STATUS
Select...	Select...	Select...	Select...	Select...

Select the Provider

- After you select the order, click on the drop down box to select the location and ordering provider and submit request to start creating the order!




A screenshot of a web application window titled "CREATE ORDER". It features a dropdown menu with "rach berg" selected. Below the menu, a list of options is displayed, with "Please select a practice" highlighted in blue. The other visible option is "Intermountain Medical Imaging - Meridian". At the bottom right of the form are two buttons: "Create" (blue) and "Close" (white).



A screenshot of the same "CREATE ORDER" form, but at a later stage. The first dropdown menu now shows "Intermountain Medical Imaging - Meridian" as the selected option. A second dropdown menu has appeared below it, with "Please select a provider" highlighted in blue. The only visible option in this second menu is "Dallas Peck". The "Create" and "Close" buttons remain at the bottom right.

Online Ordering - Sample Order



Scheduling
 208-954-8150

Fax Number
 208-947-3322

www.aboutimi.com

Tax ID#: 82-0514422

☐ Call Patient
 ☐ Walk-In Patient (X-Ray only)
 ☐ This is a corrected order
 ☐ Appt Date/Time Scheduled

Patient Name
 Date

Patient Date of Birth
 Provider Name

Patient Phone
 Practice Name

Patient Sex
 Practice Contact #

Electronic Signature
 2/16/2016 10:29:01 AM; Verified/Reviewed By: Dallas Peck, MD

Precert#/Authorization#
☐ Translator Needed

*Indications, HX, ICD-10
 CC

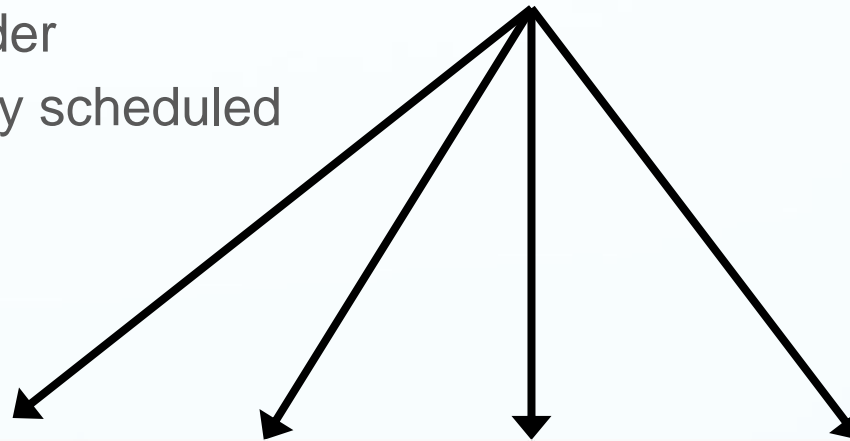
Wet Read To @ (pgr/cell/email) ☐ Provider/Radiologist Only

MRI	CT	RADIOGRAPHY	SPECIALS	ULTRASOUND
PLEASE PROVIDE CREATININE LEVEL IF TAKEN WITHIN THE LAST 30 DAYS.				
<input type="checkbox"/> CONTRAST PRN				
<input type="checkbox"/> MR Brain <input type="checkbox"/> MR Brain W /IAC (Internal Auditory Canal) <input type="checkbox"/> MR Cervical Spine <input type="checkbox"/> Screening <input type="checkbox"/> MR Thoracic Spine <input type="checkbox"/> Screening <input type="checkbox"/> MR Lumbar Spine <input type="checkbox"/> Screening <input type="checkbox"/> Pelvis <input type="checkbox"/> MR Abdomen <input type="checkbox"/> MR Enterography (Abd/Pelvis) <input type="checkbox"/> Shoulder <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Elbow <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Wrist <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Hip <input type="checkbox"/> R <input type="checkbox"/> L	CT HEAD AND NECK <input type="checkbox"/> Brain <input type="checkbox"/> Neck, Soft Tissue <input type="checkbox"/> Maxillofacial <input type="checkbox"/> Sinus CT CHEST/ABDOMEN/PELVIS <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen/Pelvis <input type="checkbox"/> Abdomen Only <input type="checkbox"/> Pelvis Only <input type="checkbox"/> Renal Stone (abd/pelvis) <input type="checkbox"/> CT IVP (abd/pelvis/3D)	CHEST <input type="checkbox"/> Chest X-Ray SPINE/PELVIS <input type="checkbox"/> AP/Lateral <input type="checkbox"/> Complete <input type="checkbox"/> Flex/Extension <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Pelvis, AP EXTREMITIES <input type="checkbox"/> R <input type="checkbox"/> L Body Part <input type="text"/>	CT MYELOGRAM <input type="checkbox"/> Flex/Ext <input type="checkbox"/> No Flex/Ext <input type="checkbox"/> Low Dose <input type="text" value="Level"/> <input type="checkbox"/> Full Dose <input type="text" value="Level"/> <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbar Spine NEURO <input type="checkbox"/> Cervical Epidural Injection/Translaminar <input type="checkbox"/> Lumbar Epidural Injection/Translaminar <input type="text" value="Level"/> <input type="checkbox"/> Nerve Block-Therapeutic/TFESI <input type="text" value="Side/Level"/> <input type="checkbox"/> Nerve Block-Diagnostic/SNRB <input type="text" value="Side/Level"/>	<input type="checkbox"/> US Carotid <input type="checkbox"/> US Thyroid <input type="checkbox"/> Thyroid Biopsy <input type="checkbox"/> Liver Biopsy <input type="checkbox"/> US Abdomen <input type="checkbox"/> US Abdomen Limited (e.g. GB) <input type="checkbox"/> US Abdominal Aorta SELECT ONLY ONE <input type="checkbox"/> <input type="checkbox"/> US Pelvis, to include transabdominal & transvaginal <input type="checkbox"/> US Pelvis, Transabdominal only <input type="checkbox"/> US Pelvis, Transvaginal only <input type="checkbox"/> Hysterosonogram <input type="checkbox"/> US Scrotal

Select Type of Order

- Options Include:
 - Call Patient to Schedule
 - Order for Walk-In Patient (x-ray only)
 - This is a corrected order
 - Appt/Date time already scheduled

ORDERING OPTIONS



Scheduling
208-954-8150

Fax Number
208-947-3322

**INTERMOUNTAIN
MEDICAL IMAGING**

www.aboutimi.com

Tax ID#: 82-0514422

Precert#/Authorization#

☐ Translator Needed

☐ Call Patient

☐ Walk-In Patient (X-Ray only)

☐ This is a corrected order

☐ Appt Date/Time Scheduled

Patient Name

Patient Date of Birth

Patient Phone

Patient Sex

Electronic Signature

2/08/2016 01:02:39 PM; Verified/Reviewed By: Dallas Peck, MD

*Indications, HX, ICD-10

Wet Read To

@

(pgr/cell/email)

☐ Provider/Radiologist Only

Date

Provider Name

Practice Name

Practice Contact #

02/08/2016

Dallas Peck, MD

Intermountain Medical Imaging -

(208) 367-8223

CC

Ordering Options Overview

Options	Brief Description
Call Patient to Schedule	IMI will contact your patient directly to coordinate the appointment time. You will receive a confirmation email or fax notifying you of the appointment date, time and location.
Order for Walk-In Patient	Walk-in X-ray is available at our Meridian, Eagle, and Downtown locations. If you select this option, your patient can walk into any of these locations and will be seen. Walk-in wait time is determined by how busy the modality schedule is for the site that day. We encourage you to fax a copy of the order to the site if you know where your patient is going so we can have the information when the patient arrives.
This is a Corrected Order	If you have sent us an order and need to change something, check this box and we will replace the previous order with the corrected order.
Appt Date/Time Scheduled	Check this box if you have already contacted IMI and scheduled an appointment for your patient. Remember a written order is still required for all verbal orders.

Complete Demographic Information

- The date, provider name, provider contact (you) and the email will automatically be filled in when you select a provider from the previous screen
- Be sure to complete the patient name, date of birth (formatted mm/dd/yyyy), patient phone number, sex and indications
- As you see below, the providers signature is submitted electronically

ELECTRONIC SIGNATURE

PATIENT INFORMATION

AUTO FILLED DATA

The screenshot shows a medical imaging scheduling form. Three black arrows point to specific sections of the form: one to the 'Electronic Signature' field, one to the 'Patient Name' and 'Date' fields, and one to the 'Date' field.

INTERMOUNTAIN MEDICAL IMAGING
Tax ID#: 82-0514422
Scheduling: 208-954-8150
Fax Number: 208-947-3322
www.aboutimi.com

☐ Call Patient ☐ Walk-In Request (X-Ray only) ☐ This is a corrected order ☐ Appt Date/Time Scheduled

Patient Name: [Redacted] Date: 02/08/2016
Patient Date of Birth: [Redacted] Provider Name: Dallas Peck, MD
Patient Phone: [Redacted] Practice Name: Intermountain Medical Imaging -
Patient Sex: Male Practice Contact #: (208) 367-8223

Electronic Signature: 2/08/2016 01:02:39 PM; Verified/Reviewed By: Dallas Peck, MD

*Indications, HX, ICD-10: [Redacted]

Wet Read To: [Redacted] @ [Redacted] (pgr/cell/email) ☐ Provider/Radiologist Only

CC: [Redacted]

Pre-Authorizations & Translator Services

- If your patient's insurance requires a pre-authorization, please contact the insurance company prior to sending the order. Please note the pre-authorization number on the order.
- IMI offers translator services. If these services are needed, check the box below and note the language requested. We will then have our translation service contact your patient to coordinate the appointment. Depending on the exam, IMI will also have a translator available for the appointment.

“TRANSLATION NEEDED” CHECK BOX

PRE-AUTHORIZATION #

The screenshot shows the Intermountain Medical Imaging order form. On the left, the company logo and contact information are listed: Scheduling (208-954-8153), Fax Number (208-447-3322), www.aboutimi.com, Tax ID#: 82-0514422, and Precert#/Authorization#.

The main form area contains several sections:

- Patient Information:** Includes checkboxes for 'Call Patient', 'Walk-In Patient (X-Ray only)', 'This is a corrected order', and 'Appt Date/Time Scheduled'. Below these are fields for Patient Name, Patient Date of Birth, Patient Phone, and Patient Sex (set to 'Male').
- Provider Information:** Includes fields for Date (02/08/2016), Provider Name (Dallas Peck, MD), Practice Name (Intermountain Medical Imaging -), and Practice Contact # ((208) 367-8223).
- Electronic Signature:** A field showing the signature of Dallas Peck, MD, dated 2/08/2016 01:02:39 PM.
- Indications:** A large text area for 'Indications, HX, ICD-10'.
- CC (Chief Complaint):** A text area for the patient's chief complaint.
- Wet Read To:** A field for the recipient's email address, followed by a checkbox for 'Provider/Radiologist Only'.

Two black arrows are overlaid on the form. One arrow points from the text '“TRANSLATION NEEDED” CHECK BOX' to the 'Translator Needed' checkbox, which is currently unchecked. The other arrow points from the text 'PRE-AUTHORIZATION #' to the 'Pre-Auth#' field, which is currently empty.

Wet Read Requests

- If your provider would like to be notified of the results as soon as the report is available, be sure to list the name of the person to be contacted and the number where they can be contacted.
- Wet Read vs. STAT Exam
 - Wet Read – “I need this right now to determine course of treatment” i.e. broken leg, admittance to hospital due to pneumonia
 - STAT Exam – “Important, but not as serious as a wet read”
 - ***Please note that in the case of Wet Reads, our radiologists will only contact your provider if there is a significant finding. If there is no significant finding, our tech staff will notify you, personally.

WET READ REQUEST

INTERMOUNTAIN MEDICAL IMAGING
Tax ID#: 82-0514422
www.aboutimi.com

Scheduling: 208-954-8150
Fax Number: 208-947-3322

Precert#/Authorization#
☐ Translator Needed

☐ Call Patient ☐ Walk-In Patient (X-Ray only) ☐ This is a corrected order ☐ Appt Date/Time Scheduled

Patient Name:
Patient Date of Birth:
Patient Phone:
Patient Sex: Male

Date: 02/08/2016
Provider Name: Dallas Peck, MD
Practice Name: Intermountain Medical Imaging -
Practice Contact #: (208) 367-8223

Electronic Signature: 2/08/2016 01:02:39 PM; Verified/Reviewed By: Dallas Peck, MD

*Indications, HX, ICD-10:

Wet Read To: @ (pgr/cell/email) ☐ Provider/Radiologist Only

Select Your Exam

- Choose an exam. If the specific exam you are ordering is not listed, utilize the large box listed below the appropriate exam and write in the requested exam.

SELECT THE EXAM YOU WOULD LIKE TO ORDER OR WRITE IN

MRI - NOT LISTED

☐ MR

ARTHROGRAM

☐ MRI ☐ CT ☐ XR

R L

Joint

SEDATION

☐ Patient is claustrophobic

☐ Oral Sedation (e.g. Xanax)

☐ Moderate (IV Sedation)

CT ANGIOGRAPHY
IV CONTRAST REQUIRED

☐ Head (Intracranial)

☐ Neck (Extracranial)

☐ Chest (Pulmonary)

☐ CTA of

CT EXTREMITY

☐ Extremity soft tissue

☐ Extremity/Joint Ortho(3D if indicated)

☐ Extremity/Joint Ortho w/o 3D

CT NOT LISTED

☐ CT

☐ Skull

☐ Sinus

☐ Neck, Soft Tissue

☐ Nasal Bones

GASTROINTESTINAL

☐ KUB

☐ Supine ☐ Supine and Upright

☐ Esophagram

☐ Upper GI

☐ Small Bowel

☐ Barium Enema

RADIOGRAPHY NOT-LISTED

Level

☐ Lumbar Puncture

☐ With Opening Pressure

OTHER

☐ PICC

☐ Hysterosalpingogram

☐ Facet Injection

☐ Biopsy

☐ Aspiration

☐ Joint Injection Joint

Marcaine CC

Kenalog MG

Other

LABS

☐ CBC/Diff/Platelets

☐ INR/PT/PTT

☐ Basic Metabolic Panel

☐ Comp Metabolic Panel

☐ Lipid Profile

☐ LFT (Liver function tests)

☐ Other

Lower

☐ Bilateral ☐ Unilateral

US Hernia (mark one below)

☐ Abdomen, ltd (umbil and above)

☐ Pelvis, ltd (below the umbil)

☐ Inguinal, Extremity, ltd (groin)

☐ US Soft tissue mass (Extremity, ltd)

Location

RT LT

ULTRASOUND NOT-LISTED

OTHER REQUESTS

Note Any Special Requests

- If the provider has any special requests of the radiologists or has additional details pertinent to the exam, please note them in the “other requests” box located in the lower right hand corner.

The form is organized into several columns and sections:

- MRI - NOT LISTED**: Includes a checkbox for MR and a large empty box for notes.
- CT ANGIOGRAPHY IV CONTRAST REQUIRED**: Includes checkboxes for Head (Intracranial), Neck (Extracranial), Chest (Pulmonary), and CTA of [blank].
- CT EXTREMITY**: Includes checkboxes for Extremity soft tissue, Extremity/Joint Ortho(3D if indicated), and Extremity/Joint Ortho w/o 3D.
- CT NOT-LISTED**: Includes a checkbox for CT and a large empty box for notes.
- GASTROINTESTINAL**: Includes checkboxes for KUB, Supine, Supine and Upright, Esophagram, Upper GI, Small Bowel, and Barium Enema.
- RADIOGRAPHY NOT-LISTED**: Includes a large empty box for notes.
- OTHER**: Includes checkboxes for Lumbar Puncture, With Opening Pressure, PICC, Heterosplapngogram, Facet Injection, Biopsy, Aspiration, Joint Injection, and other procedures like Marcamine, Kenalog, and MG.
- LABS**: Includes checkboxes for CBC/Diff/Platelets, INR/PT/PTT, Basic Metabolic Panel, Comp Metabolic Panel, Lipid Profile, LFT (Liver function tests), and Other.
- ULTRASOUND NOT-LISTED**: Includes checkboxes for Bilateral, Unilateral, US Hernia (mark one below), Abdomen, Ild (umbil and above), Pelvis, Ild (below the umbil), Inguinal, Extremity, Ild (groin), and US Soft tissue mass (Extremity, Ild).
- ARTHROGRAM**: Includes checkboxes for MRI, CT, and XR, and fields for R, L, and Joint.
- SEDATION**: Includes checkboxes for Patient is claustrophobic, Oral Sedation (e.g. Xanax), and Moderate (IV Sedation).
- OTHER REQUESTS**: An orange box at the bottom right for additional requests, indicated by a black arrow.

MRI/CT Pop-up Box

- When ordering MRIs or CTs you will receive a pop-up box that reminds you we may need a creatinine level.
- If you have this information, please send it to IMI.

The screenshot shows a medical software interface with a pop-up box. The pop-up box has a dark grey header with white text that reads: "CREATININE MAY BE NEEDED, PLEASE FORWARD TO IMI IF DONE WITHIN THE LAST 30 DAYS." Below the header is a white text area with the following text: "**All labs should be drawn no more than 30 days prior to requested procedure, UNLESS on Coumadin, then INR to be drawn day of procedure @ IMI. **". At the bottom right of the pop-up box is a "Continue" button. The background of the software interface is partially visible, showing various fields and checkboxes. On the left, there is a "CREATININE LEVEL" field with a "CONTR" checkbox. Below that, there is a "Brain" checkbox. In the center, there are checkboxes for "AP/Lateral", "Complete", "Flex/Extension", and "Neck, Soft Tissue". On the right, there are checkboxes for "Full Dose", "Cervical Spine", and "No Fl". The top of the interface shows "Portal", "Orders", and "Reports" tabs.

CREATININE MAY BE NEEDED, PLEASE FORWARD TO IMI IF DONE WITHIN THE LAST 30 DAYS.

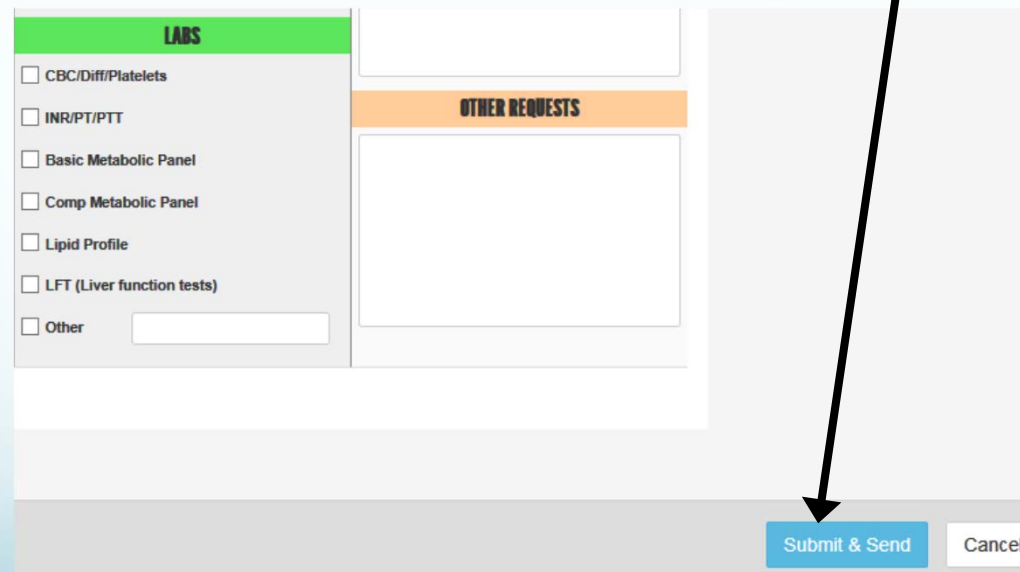
**All labs should be drawn no more than 30 days prior to requested procedure, UNLESS on Coumadin, then INR to be drawn day of procedure @ IMI. **

Continue

Submit Your Order

- Once you have completed each of the previous steps, click on the “submit and send” button in the lower right hand corner
- Please note, the order will not send unless all required fields have been completed.

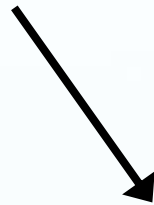
SUBMIT & SEND BUTTON



The screenshot shows a web form for submitting a lab order. On the left, under a green 'LABS' header, there is a list of checkboxes for various tests: CBC/Diff/Platelets, INR/PT/PTT, Basic Metabolic Panel, Comp Metabolic Panel, Lipid Profile, LFT (Liver function tests), and Other (with an adjacent text input field). To the right of this list is a section with an orange 'OTHER REQUESTS' header and a large empty text area. At the bottom right of the form, there are two buttons: a blue 'Submit & Send' button and a white 'Cancel' button. A black arrow points from the red text 'SUBMIT & SEND BUTTON' above to the blue 'Submit & Send' button.

Processing Your Order

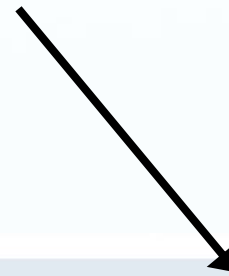
- Once you have clicked the “Submit and Send” button you will see a brief message at the top of your screen letting you know that your order has been created successfully.



The screenshot shows the Intermountain Medical Imaging web application interface. At the top, a green banner displays the Intermountain Medical Imaging logo on the left, the message "YOUR ORDER HAS BEEN CREATED SUCCESSFULLY." in the center, and "Reports" and a user profile for "Rachel Bergmann" on the right. Below the banner, a breadcrumb trail shows a home icon, "Orders", and "View Order". The main content area features the text "VIEW ORDER: 182" in large, bold letters, with "182" in red. To the right of this text is a blue button labeled "Edit Order" with a dropdown arrow.

Order Confirmation

- After submitting your order, you will see an order summary which lists the basic details of your order as well as the option to print or download the order information.



Created by rach berg on Mon Feb 8, 2016 13:18

New

Patient Information

Patient Name

rach berg

Patient Date of Birth

05/02/1974

Patient Phone

2088598222

Patient Sex

Female

PDF

JPEG

Print

Practice & Provider Information

Practice

Intermountain Medical Imaging - Meridian

Provider

Dallas Peck

Provider Contact #

(208) 367-8223

Provider Email

--

Order Information

Patient Indications

sick and tired


Reviewing Submitted Orders and/or Re-ordering or Correcting an Order


So much you can do...

Review Submitted Orders

- Select “Orders” to access all submitted orders for your approved providers.



 INTERMOUNTAIN
MEDICAL IMAGING

Orders  rach berg ▾

 / Orders

Create New Order

General Imaging

Neuro/ENT

PET Order

Lumbar Puncture

AVT

CT Lung Screening

« 1 »







Showing 1 to 2 of 2

Search Components

- From the list of orders, you can search by Order number, date, patient name, provider name, user name, or status of the order.

ORDER # **DATE** **PATIENT** **PROVIDER** **USER** **ORDER STATUS**

↓ ↓ ↓ ↓ ↓ ↓

ORDER ID	DATE	PATIENT	PROVIDER	AUTHORIZED USER	STATUS
Select... ▼	Select... ▼	Select... ▼	Select... ▼	Select... ▼	Select... ▼
182	Created:02/08/2016 Updated:02/08/2016	rach berg DOB:05/02/1974	Dallas Peck Practice: Intermountain Medical Imaging - Meridian	rach berg Form:General Imaging	New   
181	Created:02/08/2016 Updated:02/08/2016	rach berg DOB:05/02/1974	Dallas Peck Practice: Intermountain Medical Imaging - Meridian	rach berg Form:General Imaging	Corrected   









< 1 >



Showing 1 to 2 of 2

Select the Order for Review

- Highlight the exam you would like to review, and click



DATE	PATIENT	PROVIDER	AUTHORIZED USER	STATUS
Select...	Select...	Select...	Select...	Select...
Created:02/08/2016 Updated:02/08/2016	rach berg DOB:05/02/1974	Dallas Peck Practice: Intermountain Medical Imaging - Meridian	rach berg Form:General Imaging	   
Created:02/08/2016 Updated:02/08/2016	rach berg DOB:05/02/1974	Dallas Peck Practice: Intermountain Medical Imaging - Meridian	rach berg Form:General Imaging	   

 1 

Showing 1 to 2 of 2

Reviewing Your Order

- The order summary will display the order status, as well as the option to duplicate or correct the order.

ORDER STATUS

EDIT ORDER

VIEW ORDER: 182

Created by rach berg on Mon Feb 8, 2016 13:18

Correct This Order

New

Patient Information

Patient Name

rach berg

Patient Date of Birth

05/02/1974

Patient Phone

2088598222

Patient Sex

Female

Practice & Provider Information

Practice

Intermountain Medical Imaging - Meridian

Provider

Dallas Peck

Provider Contact #

(208) 367-8223

Provider Email

—

Order Information

Patient Indications

sick and tired



PDF



JPEG



Print

Appointment Information

Appointment Location

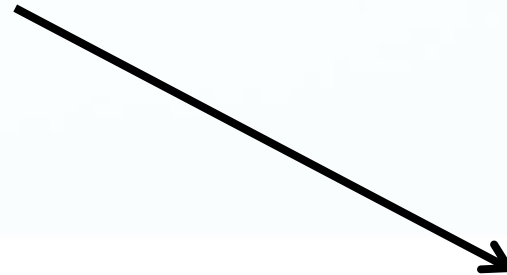
—

Appointment Datetime

—

Re-Order

- After selecting the order from the list, click 'Edit' to correct, create a new order, or duplicate the order for that particular patient.



VIEW ORDER: 182

Created by rach berg on Mon Feb 8, 2016 13:18

Patient Information

Patient Name
rach berg

Patient Date of Birth
05/02/1974

Patient Phone
2088598222

Patient Sex
Female

Practice & Provider Information

Practice
Intermountain Medical Imaging - Meridian


Provider
Dallas Peck


Provider Contact #
(208) 367-8223


Provider Email
-

Order Information

Patient Indications
sick and tired


PDF


JPEG


Print

Appointment Information

Appointment Location
-

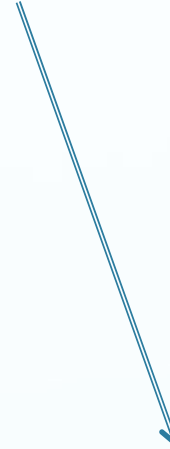
Appointment Datetime
-


Correct This Order

New Order For Patient
Duplicate This Order

Correcting the Order Information

- The box for “Corrected Order” will automatically be checked so IMI knows you are making a change to the original order.
- While here, you can:
 - Add or remove exams
 - Change patient information
 - Change indications
 - Add Prior Authorization information



 INTERMOUNTAIN MEDICAL IMAGING Tax ID#: 82-0514422	Scheduling 208-954-8150	<input type="checkbox"/> Call Patient		<input type="checkbox"/> Walk-In Patient (X-Ray only)	<input checked="" type="checkbox"/> This is a corrected order	<input type="checkbox"/> Appt Date/Time Scheduled
	Fax Number 208-947-3322	Patient Name	rach berg		Date	02/08/2016
	www.aboutimi.com	Patient Date of Birth	05/02/1974		Provider Name	Dallas Peck, MD
		Patient Phone	2088598222		Practice Name	Intermountain Medical Imaging -
		Patient Sex	Female ▼		Practice Contact #	(208) 367-8223
Electronic Signature						

Re-Submit Your Order

- Once you have completed each of the previous steps, click on the “submit and send” button. Your order summary will now show it as a corrected order, as well as a log of the order changes and dates.

VIEW ORDER: 182

Correct This Order

Created by rach berg on Mon Feb 8, 2016 13:18

Corrected

Patient Information

Patient Name

rach berg

Patient Date of Birth

05/02/1974

Patient Phone

2088598222

Patient Sex

Female

Practice & Provider Information

Practice

Intermountain Medical Imaging - Meridian

Provider

Dallas Peck

Provider Contact #

(208) 367-8223


Provider Email


—


Order Information

Patient Indications

sick and tired

PDF

JPEG

Print

Appointment Information

Appointment Location

—

Appointment Datetime

—

LOG

Date & Time	Description	By
2016-02-16 10:52:53	Changed Order	rach berg
2016-02-16 10:52:53	Updated	rach berg
2016-02-16 10:52:53	Updated	rach berg

Further Questions After Using the Online Tutorial?

*Please contact your Intermountain Medical
Imaging Physician Liaison or email us at
marketing@aboutIMI.com*