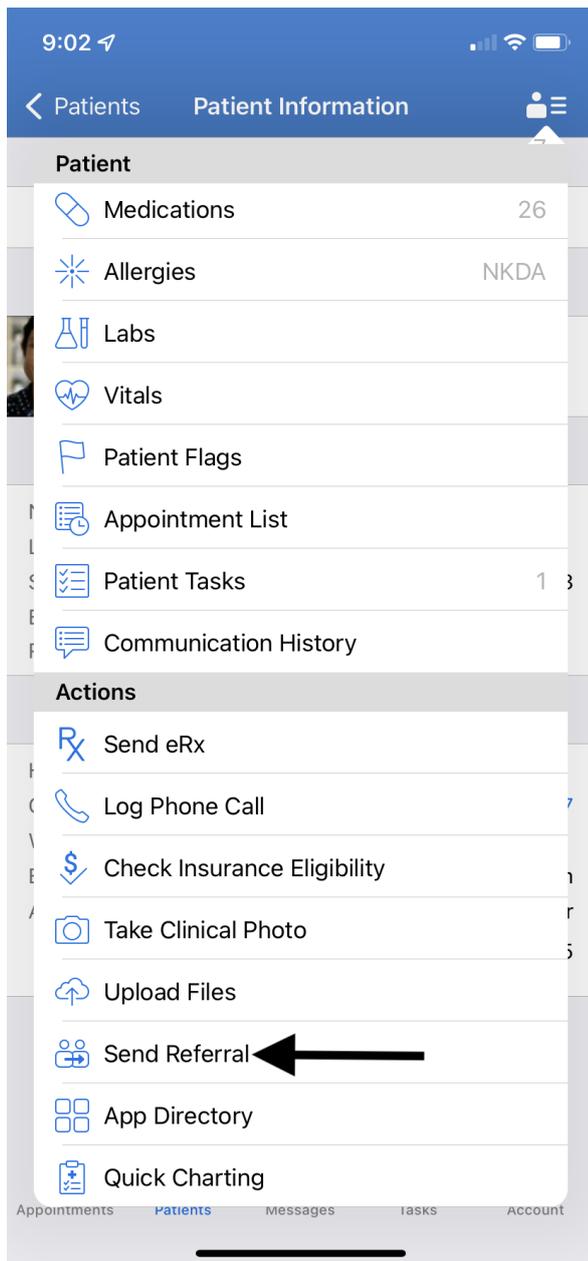# Sending a Referral through the iPhone

07/24/2024 9:11 pm EDT

Similar to referrals on the web, you can easily send a patient referral through the iPhone EHR app.

1. Tap on the patient's name and select **Send Referral**.

2. A window will open, first enter the recipient's information.

Fax Info   Patient Info   Clinical Summary   Codes   D

SENDER

Dr. James Smith

support@drchrono.com

🖶   Fax Number

📞   (443) 555-5555

RECIPIENT

Select a Contact or Add New Contact

E-mail Address

🖶   Fax Number

📞   Phone Number

INSTRUCTIONS

✏️ Sign

Sample Doctor, MD   (+650-555-55

Sample sam   (+650-555-5555)

Doctor sample   (+650-555-5555)

Fax Info   D

SENDE

Dr. Ja

b

🖶   F

📞   (

RECIPIE

Sample   ⊗

E-mail Address

🖶   Fax Number

"Sample"   Samples   Sampled

q w e r t y u i o p

a s d f g h j k l

⇧ z x c v b n m ⌫

123 😀 space return

🌐 🎤

---

3. Verify the patient's information. Any information that needs to be changed here will need to be edited in the patient's chart.

Tap **Select Sections** to add:

- Tertiary Insurance
- Auto Insurance
- Worker's Compensation Insurance
- DME Insurance

Close **Patient Referral** Preview

Fax Info **Patient Info** Clinical Summary Codes D

PATIENT INFORMATION

Name	Laurie Sample
Sex	Female
Age	31
DOB	12/08/1990
Phone	(650) 555-5555
SSN	111-22-3333
Addr. Line 1	328 Gibraltar Dr
Addr. Line 2	

PRIMARY INSURANCE

Company	United HealthCare
Insurance ID	123456789
Plan Name	
Group ID	ABC123
Subscriber	Self

Select Sections 🖊 **Sign**

Close **Select Sections** Save

☐ Tertiary Insurance

☐ Auto Insurance

☐ Worker's Compensation Insurance
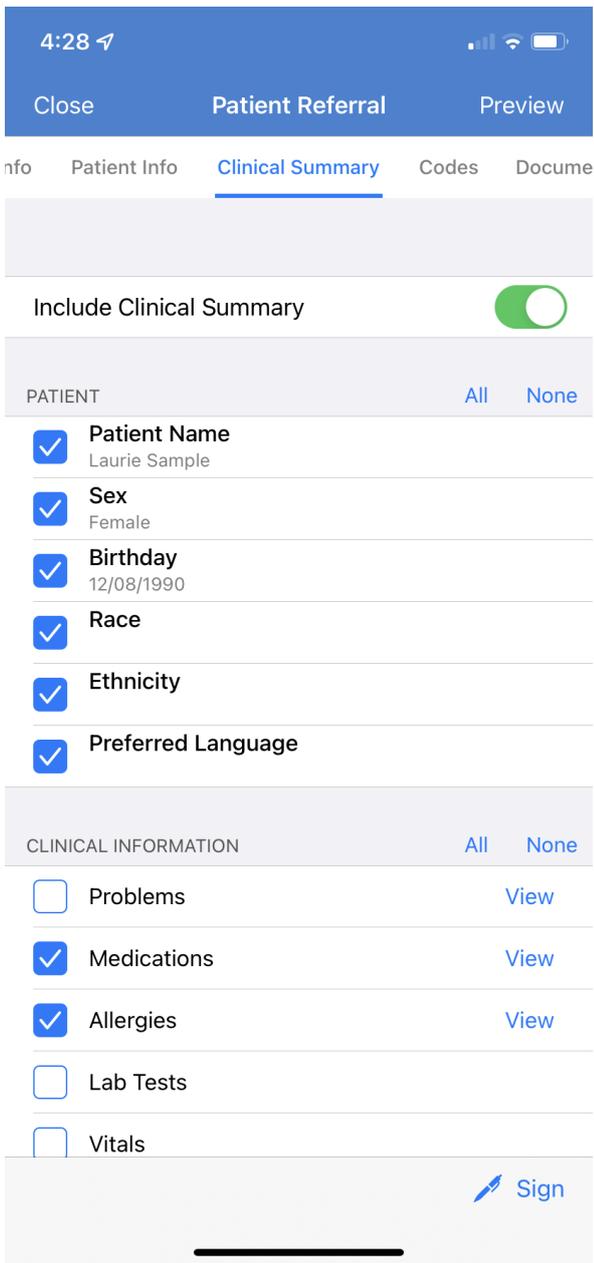
☐ Durable Medical Equipment Insurance

4. By default the **Clinical Summary** will be included in the referral. You can exclude it by deactivating the switch (

🟢

) to (

⚪

). You can also check or uncheck the boxes for information you would like to include or exclude.

4:28 ◹

Close   **Patient Referral**   Preview

nfo   Patient Info   **Clinical Summary**   Codes   Docume

Include Clinical Summary   ⬤

PATIENT   All   None

☑ **Patient Name**
Laurie Sample

☑ **Sex**
Female

☑ **Birthday**
12/08/1990

☑ **Race**

☑ **Ethnicity**

☑ **Preferred Language**

CLINICAL INFORMATION   All   None

☐ Problems   View

☑ Medications   View

☑ Allergies   View

☐ Lab Tests

☐ Vitals

🖊 Sign

5. Select any relevant codes by tapping on the (

➕

) icon and searching for the codes. Selected codes will be added.
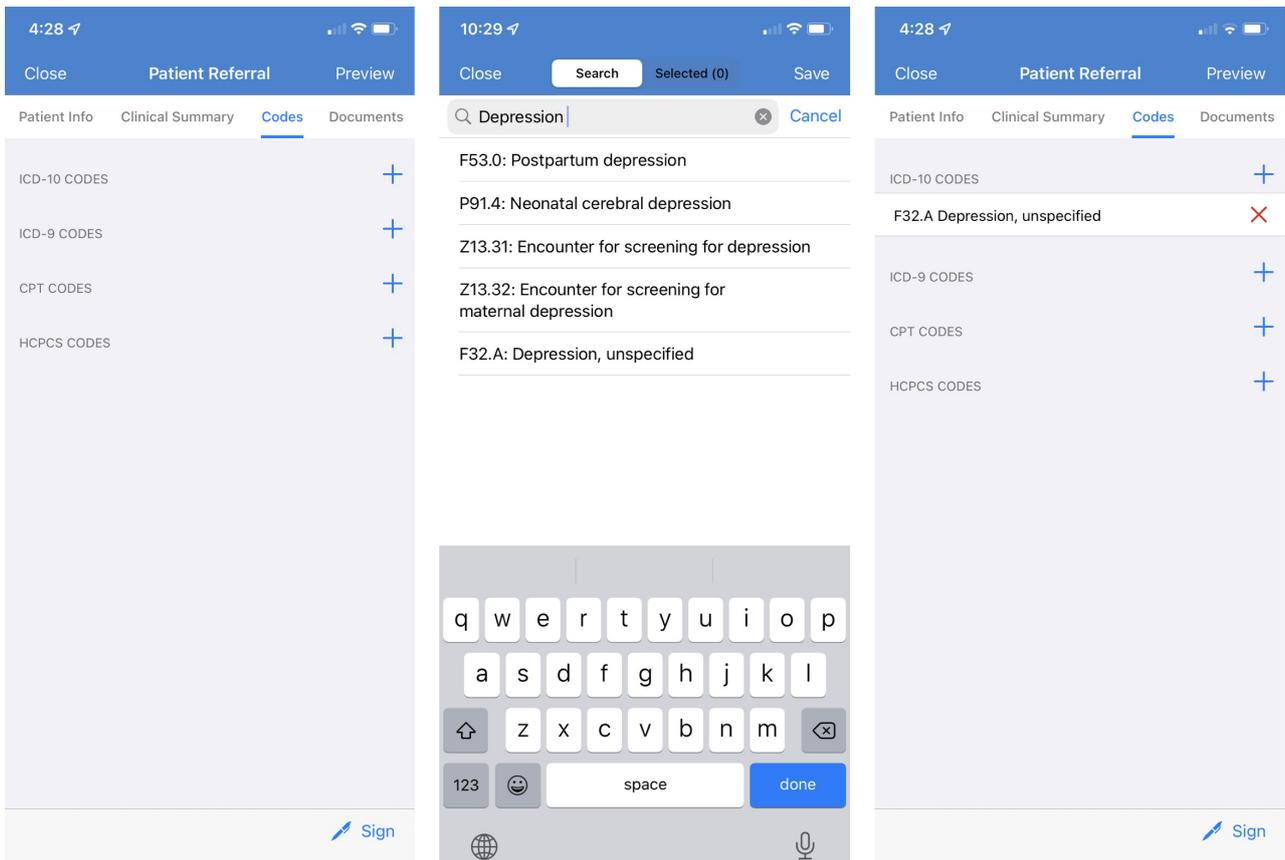
6. Select any documents you would like to include by tapping on the (

) icon. Tap any documents, like clinical notes, you would like to add and **Save**. The selected documents will appear in the referral.
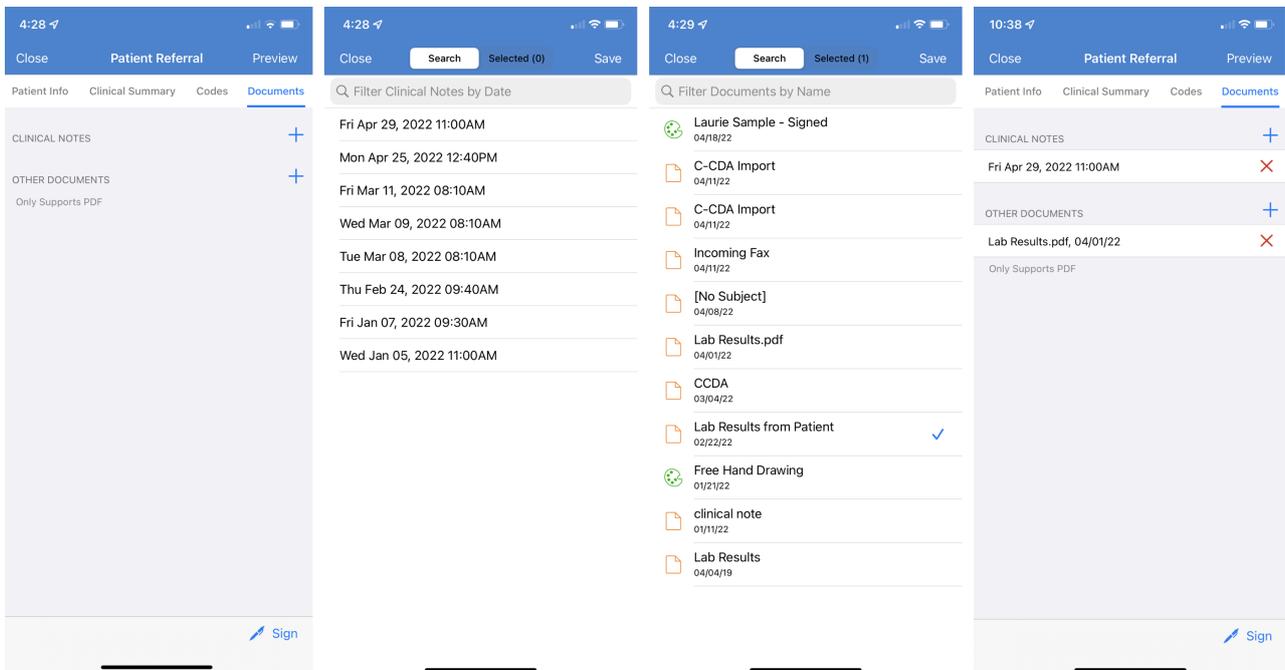
7. Optionally, you can sign the referral by selecting **Sign**.

SENDER

Dr. James Smith

    sample@sample.com

🖶 Fax Number

📞 (443) 555-5555

RECIPIENT

    Select a Contact or Add New Contact

    E-mail Address

🖶 Fax Number

📞 Phone Number

INSTRUCTIONS

✏️ Sign

Close   Signature   Save

✅ Save signature for reuse   Clear

8. Tap **Preview** in the upper right when finished.
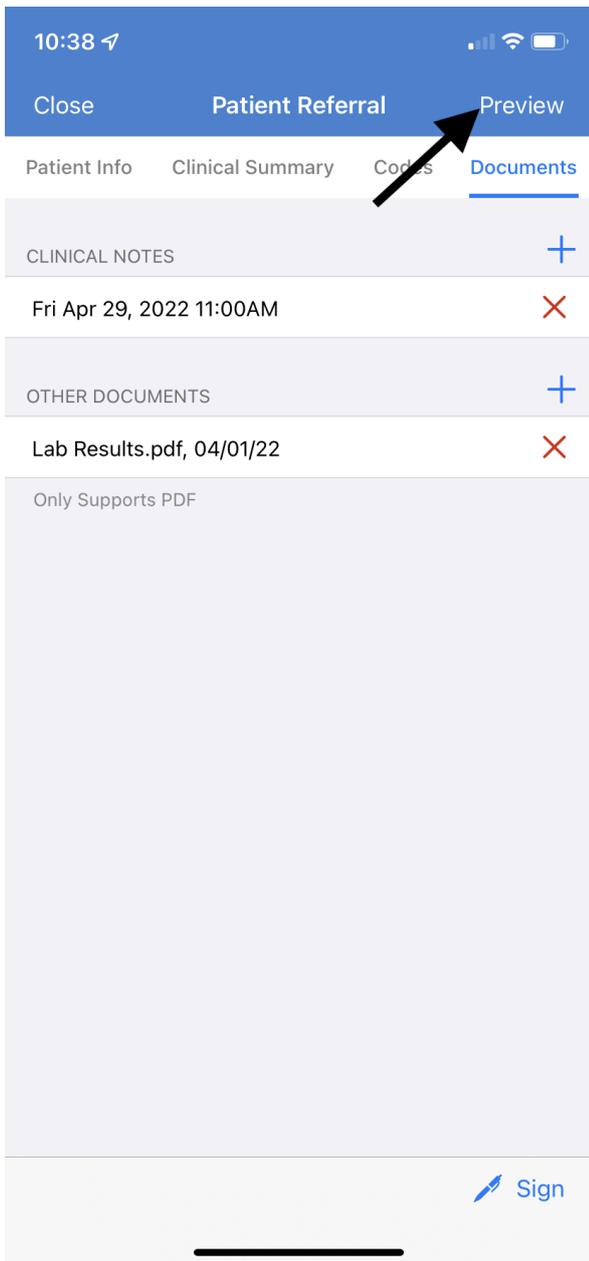
8. Select **Fax Referral** to fax or the print icon to print. The referral will be sent and you will see a success message when it is complete.

Test Facility

From:	Dr. James Smith	To:	Sample Doctor, MD
Email:	sample@sample.com	Email:	
Phone:	(443) 555-5555	Phone:	
Fax:		Fax:	+ 1 650-555-5555

Patient Name:	Laurie Sample	Phone:	(650) 555-5555
DOB:	12/08/1990	Address	328 Gibraltar Dr
Age:	31		Sunnyvale, CA 60005
Sex	Female	Mail Address	Same as address
SSN	XXX-XX-3333		

Primary Insurance		Secondary Insurance	
Company:	United HealthCare	Company:	
Plan:		Plan:	
Group #:	ABC123	Group #:	
Policy #:	123456789	Policy #:	
Subscriber:	Laurie Sample	Subscriber:	Laurie Sample

Instructions: Instructions go here

Diagnoses:
ICD-10 Code Description
F32.A Depression, unspecified

J.Smith

Provider: Dr. James Smith
Date: 05/12/22 02:29 PM

Patient Health Summary

Patient	Laurie Sample		
Date of birth	December 8, 1990	Sex	Female
Race	Unknown Unknown	Ethnicity	Unknown
Contact info	Primary Home: 328 Gibraltar Dr Sunnyvale, CA 60005, US Tel (Cell): (650) 555-5555	Preferred Language	Information not available
		Patient IDs	SAJA000001 2.16.840.1.113883.3.7621 111-22-3333 2.16.840.1.113883.4.1
Document Created	May 12, 2022, 16:29:46, EST		
Care provision	from January 4, 2022, 09:37:00, EST to May 12, 2022, 16:29:46, EST		
Performer (primary care provider)	Dr. James Smith		
Author	Dr. James Smith		
Contact info	225 Schilling Circle Fort Collins, CO 80526, US Tel (Work Place): (970) 555-5555		
Document maintained by			

Sending...

Success

Referral sent!

OK