



- 0 Open
- 57 Open
- Select Patient
- Add Patient
- Digitized Files
- Follow-Up
- Face Sheet
- Demographics
- Insurance
- POM
- Schedule

**Current Patient**

You must specify a Patient - [Click Here to Select](#)

Click on "Add Patient" tab

Copy Claim

Last Scheduled Date/Time: 11/20/2014 06:21am  
Performed By: --any provider  
Billed by: --any provider  
Create For Date: [Calendar Icon]  
Episode: - [Dropdown]  
[Create]

no data found

**Slide 1**

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**MD1**

Matthew D'Alessandro, 11/20/2014



**Patient Profile**

Cancel Save

Firstname:

Middlename:

Lastname:

Salutation:

Gender:  Male  Female

Birthdate:  (Press enter at this point for Duplicate Patient Check)

Social Sec Num:

Address1:

Address2:

Zip:

City:  (if blank, will auto-fill based on zipcode)

State:

Home phone:

Work phone:

Cell phone:

Preferred Number:  %

Email:

Flag1:

1. Enter First name
2. Enter Middle initial
3. Enter Last name
4. Choose male or female
5. Enter birthdate in the format : MM/DD/YYYY
6. Enter Social Security Number
7. Enter Address
8. Enter Zip code
9. Enter City
10. Enter State
11. Click Save