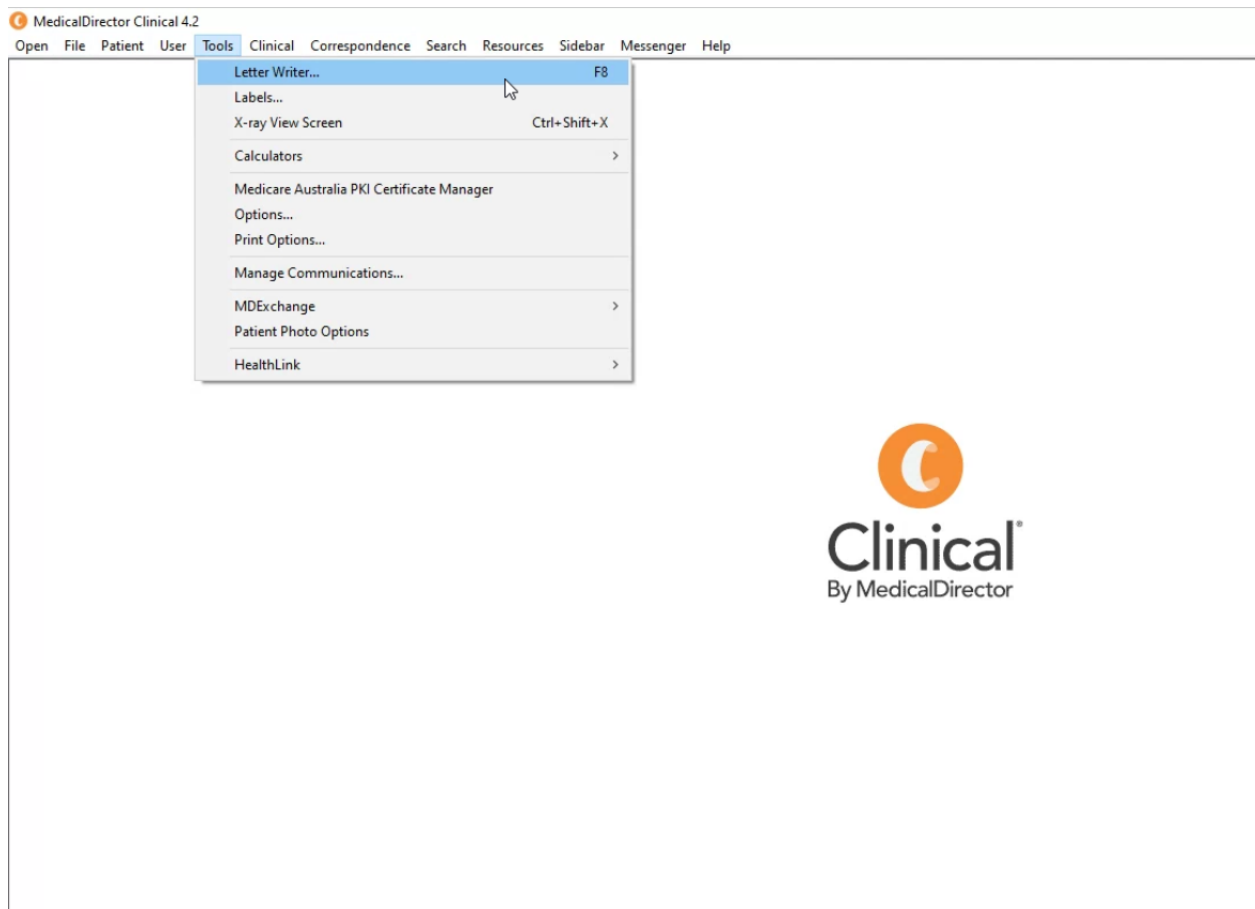


How To Import Templates Into Medical Director Software

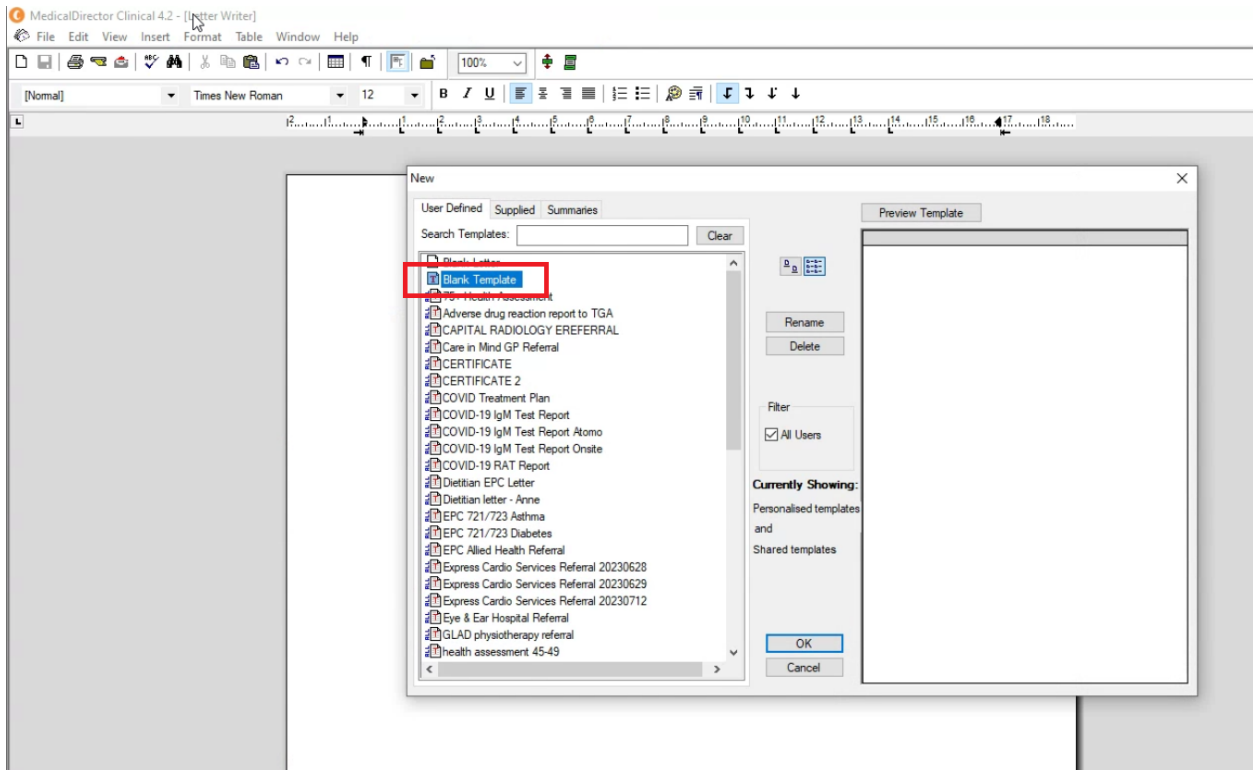
Step 0: Get “Express Cardio Service Referral ” template via our website or email. Save it to your local computer and **PLEASE DO NOT** open the file.

PS: If you accidentally open the file, please download it again or call us for help.

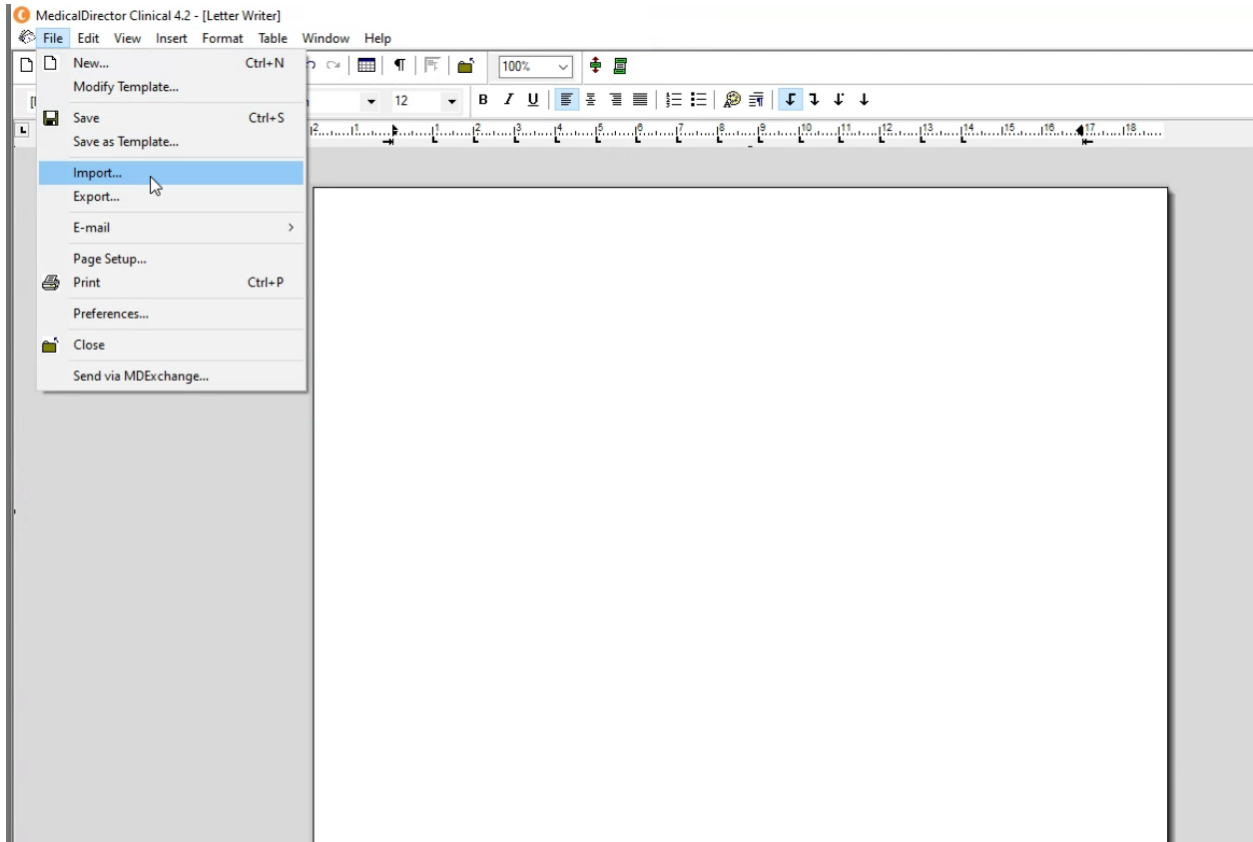
Step 1: Login MD and start Letter Writer



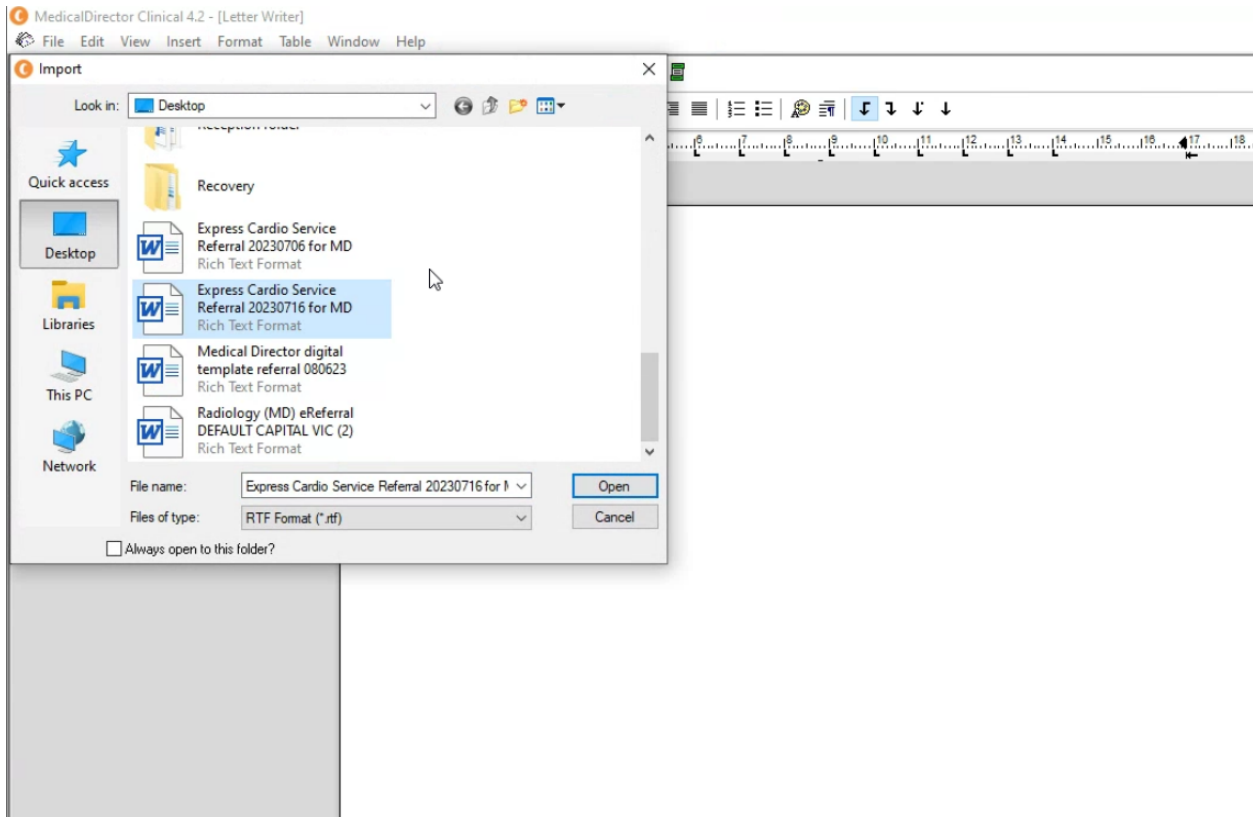
Step 2: Start a “Blank Template”



Step 3: Import Express Cardio Service template file you saved in step 0



Ps: The file directory below is just for demonstration. The file path could be different in your local computer.



Step 4: Save the template and allow all users to access it
PS: Please don't edit the template after importing it.

MedicalDirector Clinical 4.2 - [Letter Writer]

File Edit View Insert Format Table Window Help

New... Ctrl+N
 Modify Template...
 Save Ctrl+S
 Save as Template...
 Import...
 Export...
 E-mail >
 Page Setup...
 Print Ctrl+P
 Preferences...
 Close
 Send via MExchange...

100%
 10 B I U

Website: www.expresscardioservices.com
 Email: info@expresscardioservices.com.au

Express Cardio-Services
 Looking after your heart

REFERRAL FORM

PATIENT DETAILS

Appointment Date: Time: Date of Referral: <<Miscellaneous:Date (short)>>
 Name: <<Patient Demographics:Full Name>> Date of Birth: <<Patient Demographics:DOB>>
 Address: <<Patient Demographics:Full Address>>
 Phone Number: <<Patient Demographics:Phone (Home)>> Mobile Number: <<Patient Demographics:Phone (Mobile)>>
 Medicare Number: <<Patient Demographics:Medicare Number>>
 Reason for Referral: <<Reason for Referral>>
 Referred By: <<Doctor Name>>
 Doctor's Address: <<Doctor Address Line 1>> <<Doctor City>> <<Doctor State>> <<Doctor Postcode>>
 Doctor's Phone: <<Doctor Phone>> Provider Number: <<Doctor:Provider Number>>
 Doctor's Email: <<Doctor E-mail>> Copies To: <<Copies To>>
 Doctor's Signature:

SERVICES (highlight the box corresponding to the service(s) required and press X to select)

<input type="checkbox"/> Echocardiography	<input type="checkbox"/> 24 Hour Holter Monitoring	<input type="checkbox"/> 24 Hour Blood Pressure	<input type="checkbox"/> ECG
<input type="checkbox"/> Stress Echo & Baseline Echo	<input type="checkbox"/> Stress Echo	<input type="checkbox"/> Cardiologist Consultation	

Please tick the appropriate indication below for Medicare benefits for exercise stress tests. Refer to MBS online for details.

Symptoms of typical or atypical angina
 Known coronary artery disease with symptoms suggestive of ischaemia
 Past history of congenital heart surgery, possible ischaemia
 Abnormal resting ECG suggestive of ischaemia

100% [Normal] Arial 10 B I U [Text Formatting Icons]

 Website: www.expresscardioservices.com
Email: Info@expresscardioservices.com.au
Looking after your

PATIENT DETAILS

Appointment Date:
Name: <<Patient Name>>
Address: <<Patient Address>>
Phone Number: <<Patient Phone Number>>
Medicare Number: <<Patient Medicare Number>>
Reason for Referral: <<Reason for Referral>>
Referred By: <<Doctor Name>>
Doctor's Address: <<Doctor Address>>
Doctor's Phone: <<Doctor Phone>>
Doctor's Email: <<Doctor Email>>
Doctor's Signature:

Save dialog box showing a list of templates. The 'Template Name' field contains 'Express Cardio Services Referral 20230716'. The 'Template Access' section is checked for 'All Users'.

User Defined
Search Templates: Clear

- COVID-19 IgM Test Report Onsite
- COVID-19 RAT Report
- Dietitian EPC Letter
- Dietitian letter - Anne
- EPC 721/723 Asthma
- EPC 721/723 Diabetes
- EPC Allied Health Referral
- Express Cardio Services Referral 20230712
- Eye & Ear Hospital Referral
- GLAD physiotherapy referral
- health assessment 45-49

Template Name:

Save Cancel

SERVICES (Highlight the box corresponding to the service(s) required and press X to select)

<input type="checkbox"/> Echocardiography	<input type="checkbox"/> 24 Hour Holter Monitoring	<input type="checkbox"/> 24 Hour Blood Pressure	<input type="checkbox"/> ECG
<input type="checkbox"/> Stress Echo & Baseline Echo	<input type="checkbox"/> Stress Echo	<input type="checkbox"/> Cardiologist Consultation	

Please tick the appropriate indication below for Medicare benefits for exercise stress tests. Refer to MBS online for details.

- Symptoms of typical or atypical angina
- Known coronary artery disease with symptoms suggestive of ischaemia
- Past history of congenital heart surgery, possible ischaemia
- Abnormal resting ECG suggestive of ischaemia

Step 5: close window and exist Letter Writer

MedicalDirector Clinical 4.2 - [Letter Writer]

File Edit View Insert Format Table Window Help

New... Ctrl+N
 Modify Template...
 Save Ctrl+S
 Save as Template...
 Import...
 Export...
 E-mail >
 Page Setup...
 Print Ctrl+P
 Preferences...
Close
 Send via MDExchange...

Website: www.expresscardioservices.com
 Email: Info@expresscardioservices.com.au

REFERRAL FORM

PATIENT DETAILS

Appointment Date:	Time:	Date of Referral:	<<Miscellaneous Date (short)>>
Name:	<<Patient Demographics:Full Name>>		Date of Birth:
			<<Patient Demographics:DOB>>
Address:	<<Patient Demographics:Full Address>>		
Phone Number:	<<Patient Demographics:Phone (Home)>>	Mobile Number:	<<Patient Demographics:Phone (Mobile)>>
Medicare Number:	<<Patient Demographics:Medicare Number>>		
Reason for Referral: <<Reason for Referral>>			
Referred By: <<Doctor.Name>>			
Doctor's Address: <<Doctor.Address Line 1>> <<Doctor.City>> <<Doctor.State>> <<Doctor.Postcode>>			
Doctor's Phone: <<Doctor.Phone>>		Provider Number: <<Doctor.Provider Number>>	
Doctor's Email: <<Doctor.E-mail>>		Copies To: <<Copies To>>	
Doctor's Signature:			

SERVICES (Highlight the box corresponding to the service(s) required and press X to select)

<input type="checkbox"/> Echocardiography	<input type="checkbox"/> 24 Hour Holter Monitoring	<input type="checkbox"/> 24 Hour Blood Pressure	<input type="checkbox"/> ECG
<input type="checkbox"/> Stress Echo & Baseline Echo	<input type="checkbox"/> Stress Echo	<input type="checkbox"/> Cardiologist Consultation	

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