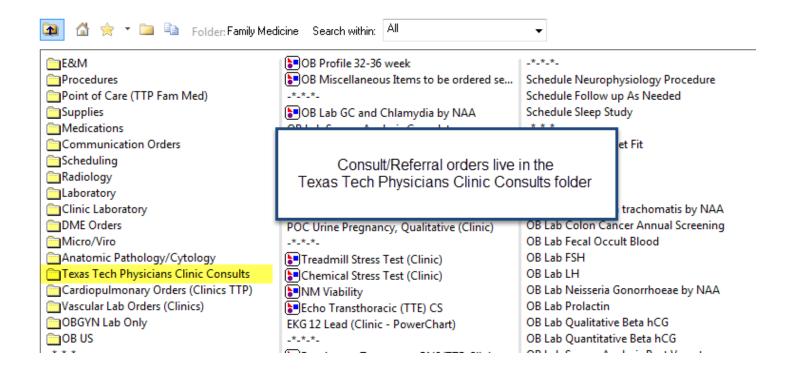
Consult/Referral Process for Texas Tech University Health Sciences Center

Texas Tech Physicians/School of Nursing/School of Health Professionals



Search:	٩,	Starts with 🛛 💂	Advanced Options	▼ Туре:	گ	Clinic Orders 🗸 🗸
🗗 🙆 🚖	🔹 💼 🗎 Folder: Tex	as Tech PhysSe	earch within: All			•
Consult/Refe Consult/Refe Consult/Refe Consult/Refe Consult/Refe Consult/Refe	rral Adolescent Medicine rral Allergy and Immunolo rral Aortic Stenosis Clinic rral Behavioral Health rral Cardiac E.P. rral Cardiology rral CCVH Dietitian/Nutritio rral Chiropractor	gy Consult Consult Consult Consult Consult consult consult	t/Referral Pedi Endocri t/Referral Pedi Genetic t/Referral Pedi Hemato t/Referral Pedi Infectio t/Referral Pedi Nephro t/Referral Pedi Neuros t/Referral Pedi Neuros	s ology/Onc us Disease logy ogy urgery		,
Consult/Refe Consult/Refe Consult/Refe Consult/Refe Consult/Refe Consult/Refe Consult/Refe Consult/Refe Consult/Refe			o your patient's n	eeds	b/	
Consult/Refe Consult/Refe Consult/Refe	rral Dermatology rral Endocrinology rral Family/OB rral Family Behavioral Heal	Consult Consult	t/Referral SHC Behavio t/Referral Senior Hous t/Referral Student Hea t/Referral Student Hea	e Calls Ith Colpo	Clinic	



▼ Details for Consult/Referral Pedi Endocrinology



1 🕺 🗟 🧃 🔍 🔛 cheduled Patient Care Office/Clinic Tasks	Your order, once signed, sends a task to whomever is responsible for working with the receiving clinic in your department (i.e. nurse, managed care, etc.)			mber 14, 2050 14:2
ask retrieval completed				
Mnemonic	Order Details	Scheduled Date and Time	Provider Name	Provider Name
Consult/Referral Pedi Endocrinolo	gy Within 1 Month -if longer use alternate, Prefer: TT	P Pedi Endocrinolog 05/05/2016 8:07	Ancillary, Physician	Ancillary, Physician

Consult/Referral Worksheet - TTPTEST, MATADOR			
🖌 🖬 🚫 🖏 🐔 🔸 📾 🔛 🗎			
*Performed on: 05/05/2016 🔹 💌 0807 🖕			By: TTP , Nurse
Consult and Refer	Consult and Referral W	Vorksheet	A
Ordering Physician: Ancillary, Physician Order Date/Time : 05/05/16 8:07:00 When Consult/Referral Needed: Within 1 Mont Prefered Provider: TTP Ped Endocrinology Reason for Consult/Referral : Elevated HgbA10 Date of Onset : 4.25.16 Provider Preferred : Yes Patient's Preferred Phone #: Patient's Preferred Time/Day of Week: X-Rays or Tests Already Performed: (Include date and location for	h -if longer use alternate Wishe	Patient Parent/Guardian:	Á
Mammo, CT and MRI) Preferred Provider: Referral Type:	O In System O Dut of System	If you can't find the physician in the list, choose "None, None" and enter the name here: O PNS O UMC	
Person You Spoke To: Provider Phone #: Appointment Date/Time: Appointment Location: Insurance Pre-Certification/Referral #:	This individua ordered. The keep the infor is proceeding	al then opens the task to see what exactly was y can modify this form and save if repeatedly to rmation updated as to how the appointment process	O In system rejection
Valid From/To: Number of Visits:		PCP Provider.	

Task Edit					
🧜 High 🐧 Notify 選	Message Journal (2) 📗 Porta	l Options			_
Patient: TTPTEST, MATADOR To: /P CC: Subject: Combest In-Clinic Communication Attachments		The managed care/nurses then create a message to be send to the receiving clinic's consult/referral "pool". By typing "/p" in the TO: field, they will be provided a list of all pools available.			er ≠: H (806)999-6666
	Address Book				
Personal Address Lis	Internal Type a name or select from	n list:		Show names from	
Bennett M.D., Kelly Bradley M.D., Craig Camp M.D., Tammy Dreimane M.D., Dair Dyer M.D., Jack	Personnel OPO	ol		Global Address Book	
Message	Name		*	Name	
Arial	TTU - General Surgery Co TTU - Get Fit Consult/Re TTU - Int Med Vorse Triage TTU - Int Med Clinical TTU - Int Med Non-Clini TTU - Int Med Non-Clini TTU - Neuro Clinical TTU - Neuro Consult/Re TTU - Neuro Non-Clinical TTU - Neuro Non-Clinical TTU - OBGYN Billing TTU - OBGYN Clinical TTU - OBGYN Grand Exp < More	ferral Request ollow up cal ult/Referral Request ierral Request	E Remov		
	L				OK Cancel

🧆 New M	essage					
Task E	dit					
📍 High	🕻 Notify 📓 Message Journal 📓 Portal Options			aunch Orders		
Patient:		🛱 Caller:	Caller #:			
To:	TTU - Family Med Consult/Referral Request 🗙		<i>A</i>	🔲 Include me		
CC:			📕 🗌 To consumer 🗌 Disat	le further replies		
Subject:	Combest In-Clinic Communication	•	Save to Chart As: Combest Center In-Clinic Communication			
Attachr		Attachments				
Message						
Arial	▼ 12 ▼ 🧐 🥄 🥰 🕺 🖿	n 🗞 🖪 U / S 🗐 🗄 🗏 🕸 🕸				
Please see consult/referral order in powerchart. Dr. XXX wishes Mr. TTPTEST to be seen within the next month for suspected diabetes issues. His HgbA1C came back elevated. Patient is very concerned, please call them with appointment between 8-5 and let us know when it is scheduled.						
Thanks	call directly with any urgent questions. , artment Managed Care Individual	and time. Depending on clinic w	eiving department schedules the ent/sending clinic of appointment date orkflow, the sending clinic may also eferral worksheet is completed and	E		
Approv	tient with results	notify the sending provider via m appointment went and plan of ca	re. Some will forward the note to the nvenience. Otherwise, all notes in the	V		
👿 Refer p	ition request/renewal approved atient Ile patient follow-up		↓ Send	Cancel		