



How to send an e-referral using Medical Director

Step 1: Open a patients file and click on the **XRAY ICON** to start the imaging request.

The screenshot shows the Medical Director software interface. The top menu bar includes File, Patient, Edit, Summaries, Tools, Clinical, Correspondence, Assessment, Resources, Sidebar, and MyHealthRecord. The toolbar below the menu contains various icons, with the X-ray icon (a yellow square with a black 'X') highlighted. The patient information section displays: Ms Betty Test (28yrs 2mths), DOB: 20/09/1994, Gender: Female, Occupation: Home engineer / Past ADF, 123 Somewhere St. Tweed Heads, NSW 2485. Allergies & Adverse Reactions: ACE INHIBITORS, BEE STINGS, CAKES. Warnings: Drug dependent, Long term opiates, yearly review at The Pain Doctors, High out put ileostomy. The bottom toolbar includes Summary, Rx, Current Rx, Progress, Past history, Results, Letters, Documents, and Old scripts.

Step 2: Select **GIG Radiology** in the **Provider** Dropdown. (If it is not the default provider)

The screenshot shows the 'Medical Imaging Requests' window. The 'Region' dropdown is set to 'Abdomen'. The 'Provider' dropdown is set to 'GIG Radiology'. The 'Request type' section has 'X-ray' selected. The 'Clinical details' section contains the following text: '& hEP C +ve; monitoring. f', '& severe low back pain lim', '(Copy to DR Forbes; Endo', 'EDC = 25/05/2020', 'at least 3 days pre ultraso', 'achy" testes: off and on p', '"burning feet"?cause', '?recurrent UTI', '(1) fatty liver; monitoring', '(checking; long term monit', '(deranged LFTs; ?alcohol', 'lethargy; low fertin: r/o ooc'. The 'Tests to be printed on form:' section is empty. The 'MyHealthRecord consent' section has the checkbox 'Do not send reports to My Health Record' unchecked. The bottom buttons are Reprint Prev, Copy to, eOrders, Print, and Close.



Step 3: Fill out the details for the requested scan then click Print.

Medical Imaging Requests

Clinical
By MedicalDirector

Date: 29/11/2022

Provider: **GIG Radiology**

Request type:
☒ X-ray
☐ CT scanning
☐ Ultrasound
☐ Mammography
☐ Nuclear medicine
☐ Bone densitometry
☐ Angiography
☐ MRI
☐ User Defined

Region:
Abdomen
Ankle (L)
Ankle (R)
Ba Enema
Ba Meal
Ba Swallow
Bone Age Study wrist
Chest
Cholecystogram
Clavicle (L)
Clavicle (R)
Coccyx
Elbow (L)

Tests to be printed on form:
X-ray - Ankle (R)

Clinical details:
& hEP C +ve; monitoring. F
& severe low back pain lim
(Copy to DR Forbes; Endo
EDC = 25/05/2020
! at least 3 days pre ultraso
"achy" testes: off and on p
"burning feet"?cause
?recurrent UTI
(1) fatty liver; monitoring
(checking; long term monit
(deranged LFTs; ?alcohol
(lethargy; low fertin; r/o ood

EDC = 25/05/2020

☐ Save text to list

MyHealthRecord consent
☐ Do not send reports to My Health Record

Reprint Prev Copy to eOrders **Print** Close

Step 4: Once **Print** is clicked this will send the e-referral to **GIG Radiology** and also Print a hard copy for the patient. Your receptionist are to contact the patient directly once the e-referral is received.