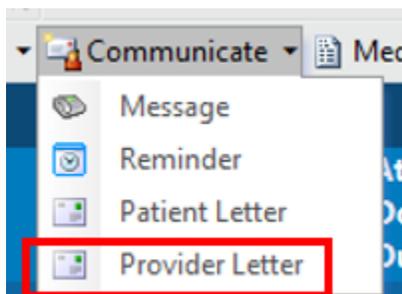
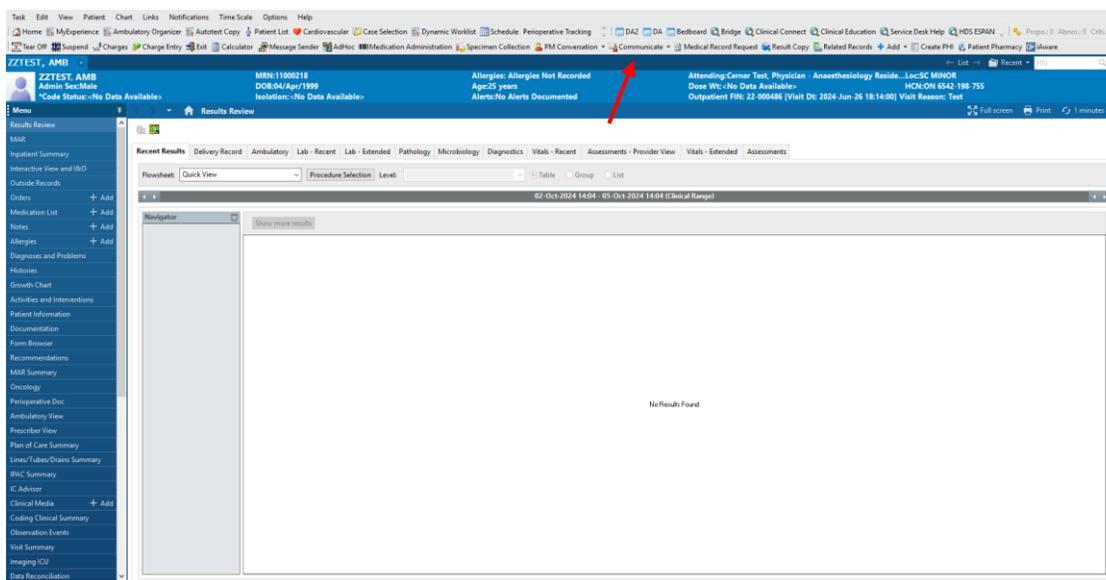


### PROVIDER LETTERS

#### How to use auto-text phrases for provider letters

1. Open the patient's chart from the **Ambulatory Organizer**. Select the correct encounter that corresponds with the date of service that the letter is in reference to.
2. Once in the patient's chart, click on the black dropdown next to **Communicate** and select **Provider Letter**.



3. Search for and select a provider from the Search for Provider list, or select a provider from the Favorite or Recent Recipient tab. If you need to manually enter a recipient's click **Add Freetext Recipient**. The provider is added to the Recipient list.

Provider Letter Recipients

**Select Provider**

PCP  
*Declined, Provider*

Referring Physician  
*NHS Test01, Physician - Medical Oncology/Haematology*

Search for Provider

Internal

**Favorite (0)**

Favor...	Prefix	First Name	Last Name	Credentials	Mode	Details
There are no items to show.						

**Recipient**

Favor...	Primary	Prefix	First Name	Last Name*	Credentials	Mode	Details*	More	Delete
There are no items to show.									

**Other Actions**

Forward for Print To\*:

Comments:   
(Limit 255)

**\*Not Printed On Letter**

- Select a cell from the Recipient list and update the provider's information as needed.

**Provider Letter Recipients** ✕

**Select Provider**

PCP  Referring Physician  
*Declined, Provider* *NHS Test01, Physician - Medical Oncology/Haematology*

Search for Provider

Internal  

**Favorite (0)**

Favor...	Prefix	First Name	Last Name	Credentials	Mode	Details
There are no items to show.						

[+ Add Freetext Recipient](#)

**Recipient**

Favor...	Primary	Prefix	First Name	Last Name*	Credentials	Mode	Details*	More	Delete
★	<input checked="" type="checkbox"/>		Physician - Medical On...	NHS Test01		Fax			✕

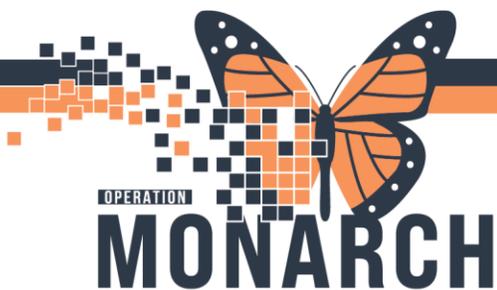
**Other Actions**

Forward for Print To\*:  

Comments:   
(Limit 255)

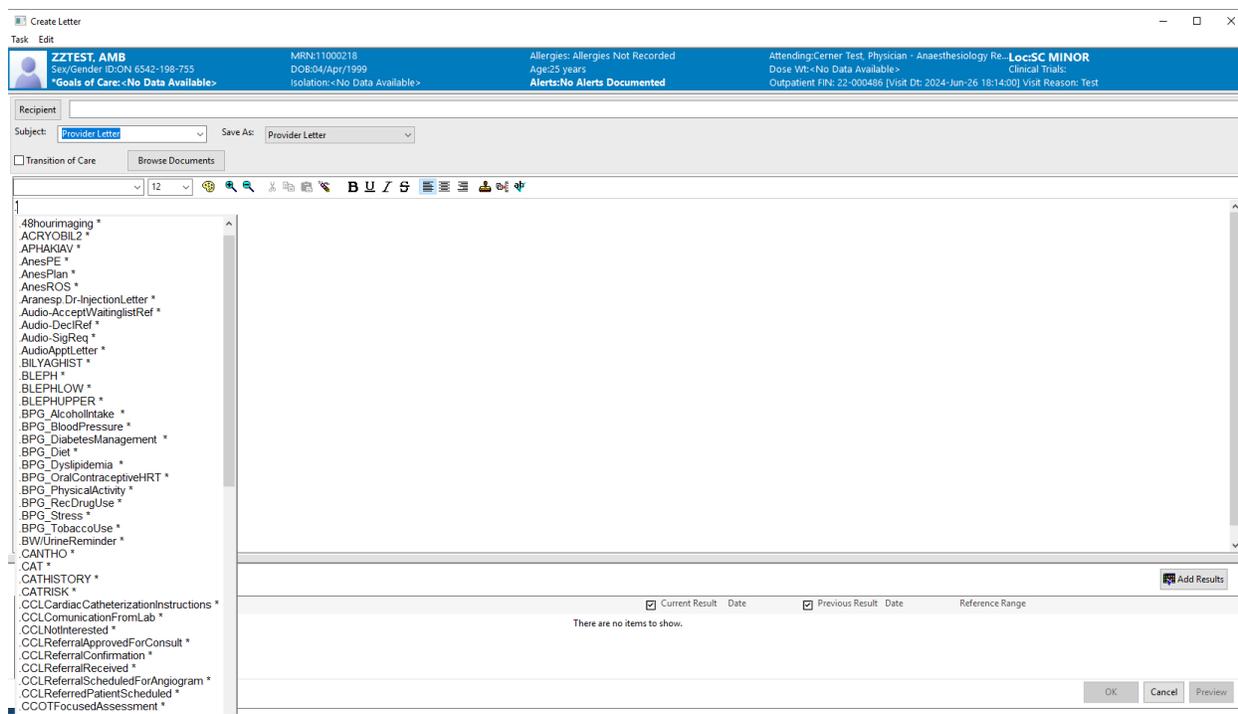
**\*Not Printed On Letter**

- Fax numbers will only be available in the system for Faxes that have been verified by ICT Services. If a number is not available please follow NH policy for fax verification prior to inputting a fax number in the system. You can manually add the fax once verified.  
NOTE: Once you have verified a fax please contact ICT to have them begin the process of adding a fax to the system.
- Click **OK**. The Create Letter dialog box is displayed.



# PROVIDER LETTERS

## HOSPITAL INFORMATION SYSTEM (HIS)

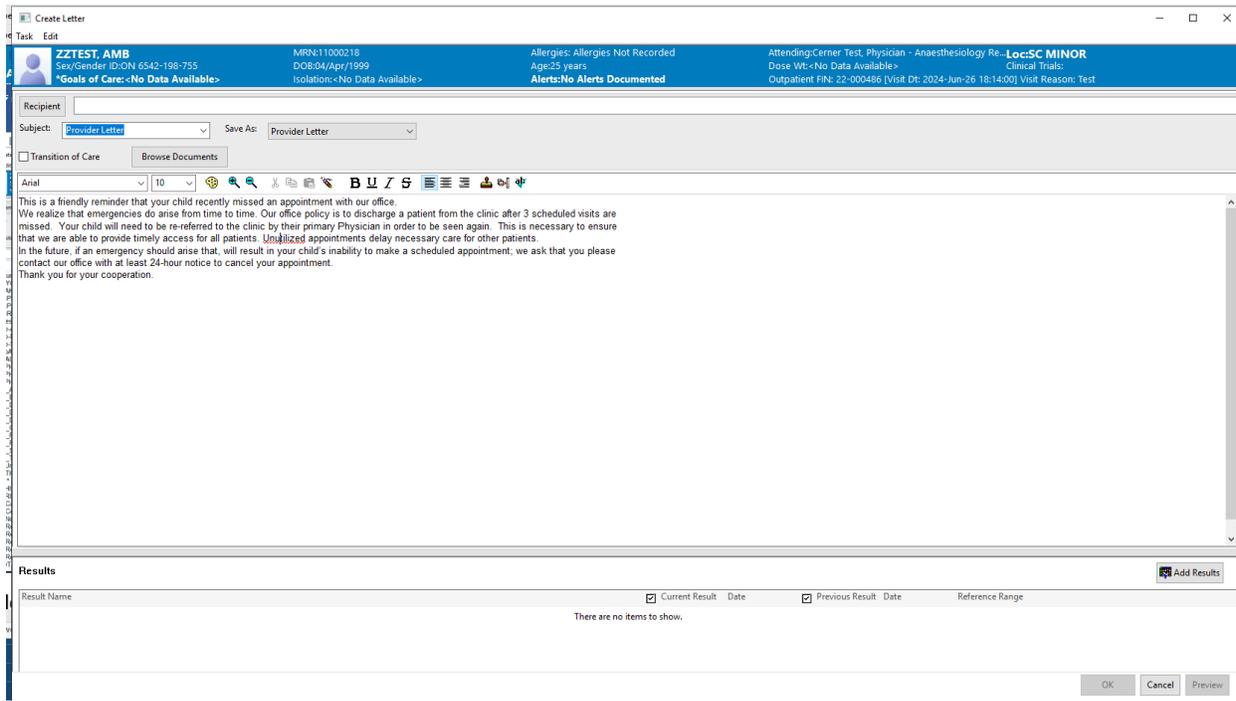


7. When in the letter type "." and a list of auto-text phrases will populate (See Appendix 1. These phrases are case sensitive so be sure to input them exactly.  
2. Please see Auto-text tip sheet for more information.
8. Double-click the correct auto-text phrase to input its contents into the note. Modify the note as needed.



# PROVIDER LETTERS

## HOSPITAL INFORMATION SYSTEM (HIS)



### Adding Dot Phrases to a Note

The Abbreviation	The Description
This is what the end user types to bring up the auto text term. <b>*This is sensitive to capitals and ensure you include the "." at the beginning.*</b>	This will display when the end user hovers the cursor over the auto text term prior to selecting it. This can help clarify what will be selected.
.DMAultNoShow	Diabetes No Show Adult
.DMChildNoShow	Diabetes No Show Child
.DMAultTermination	Diabetes Termination Letter - Adult
.DMChildTermination	Diabetes Termination Letter - Child
.ThromboConsult	Thromboembolism Consult
.LDAP-Ref-Receipt	LDAP-Referral-Receipt



# PROVIDER LETTERS

## HOSPITAL INFORMATION SYSTEM (HIS)

.GIMRAC-Ref-Receipt Rapid Assess	(GIMRAC) Referral Receipt Rapid Assessment Clinic.
.Nutri-NoShow-InPerson	NoShow-OutPtNutri-InPerson
.BW/UrineReminder	BW/UrineReminder
.Renal/diet-ConsultReminder	ConsultRenalNurse/DietReminder
.Nephro-PtApptLetter	PtApptLetterNephrology
.Nephro-PTMissedAppt	PTMissedApptNephro
.Aranesp.Dr-InjectionLetter	Dr.Aranesp.InjectionLetter
.DM-OneDayClass. Dr-NoShowLetter	Dr.NoShowF/U-OneDayClass- DM
.DM-PtCancelledAppt	Dr.PtCancelled Appt- DM
.NDC-Dr. RefNotSched	Dr. ReferralReceived-PtNoAnswer
.Neuro-PT-SchedPolicy	PT-Neuro SchedPolicy
.Ortho-PT-SchedPolicy	PT-OrthoSchedPolicy
.StrokePrevClinicAppt	StrokePrevClinicAppt
.Nephro.Rescheduled-PT-Appt-Letter	Rescheduled-PT-Appt-Letter Department of Nephrology
.Nephro-PT-Initial Appt	Initial PT APPT
.Homedialysis-PSW/PT Consent	PSW/PT ConsentHomedialysis
.Hemodialysis-Dr. KhandelwalAppt	Hemodialysis Dr. Khandelwal Appt
.HDS-AudioApptLetter	ApptLetterAudio
.HDS-Audio-SigReq	HearingAidsSignatureRequest
.Ortho/Neuro-returning Ref	returning ReferralOrtho/Neuro
.ortho-HandTherapy Resources	HandTherapy Resources



# PROVIDER LETTERS

## HOSPITAL INFORMATION SYSTEM (HIS)

HDS.Dr- returnRef	Dr.referralreturnNotComplete
.Ortho Ref-detailsLetter	Dr.No MedsRef
.ReturnRef.OutsideRegion	Dr. ReturnReferral
.NailHook.RefRefusal	Dr.NoNailHookreferrals
.NailHook.RefRefusal2	Dr.referralDeclinedNailHook
.HDS-DrivingAssessRefusal	Dr.Refusal-NoReturnToDrivingAssessment
.HDS-Dr.Redirecting RefReturn	Dr.Redirecting ReferralReturn
.HDS-Ortho-UnableToReachPt	Dr.Returning ReferralOrtho
.MH&A- ECT/rTMS-Ref Deposition	MH&A. ECT/rTMS Adult Outpatient Referral Disposition Letter
.MH&A- CAPS-Deposition	Adult Outpatient Referral Disposition Letter Mental Health and Addictions
.MH&A-Adult OutReferDisposition	MH&A- Adult Outpatient Referral Disposition Letter
.MH&A-(RAAM)	Rapid Access Addiction Medicine (RAAM) Disposition Letter
.MH&A-NP-residentialprogram	MH&A.residential treatment program at New Port Centre
.OncoMissedAppt(discharge from clinic)	Oncology missed appointment letter- discharge from clinic
.OncMissedAppt(multiple attempts)	Oncology missed appointment letter- no further attempts to contact
.OncDischargeFromWFCC(atten:family phys re palliative care)	Letter from medical oncologist to primary care provider regarding palliative care plan/ follow up



# PROVIDER LETTERS

## HOSPITAL INFORMATION SYSTEM (HIS)

.OncCommunityPalliativeSupp	Oncology community palliative support letter (from palliative care physician to primary care provider)
.OncImmunoTherapyLetter	Oncology Immunotherapy regimen details for the patient
.CHRInfoRequest	Cardiovascular Health & Rehabilitation Program (CHRP). Info Request
.CHRPre-Re-referralRequest	CARDIOVASCULAR HEALTH & REHABILITATION PROGRAM
.CHRP(Bfit)	CARDIOVASCULAR HEALTH & REHABILITATION PROGRAM. (Bfit) Program
.MH&AEating Disorder Outpatient Program	CBT-E Treatment Summary
.Eating Disorder Outpatient Program	Interpersonal Psychotherapy Treatment Summary
.CHRP-ExerciseDischargeNote	Exercise Discharge Note
.TransplantReferral	Transplant referral Assessment
.PainClinic F/U	PainClinicF/U
.LDAP-EBUSComForm	EBUS Communication Form
.LDAP-LetterheadDoc	Letterhead Document
.LDAP-LetterheadReq	Letterhead Request for Information
.LDAP-ConsultRequest	Consult Request
.LDAP-NotAppropriate	Not Appropriate
.OncCareChartContact	Oncology care chart contact info for WFCC
.OncBreastSurvivorshipLetter	Letter sent to primary care provider for breast survivorship



# PROVIDER LETTERS

## HOSPITAL INFORMATION SYSTEM (HIS)

.CHRP-NoContactFaxReturn	Fax Return to Physician for No Contact
.KCP-TAPChecklist	TAP Referral Checklist
.Nutri-NoShow-Phone	NoShow-PhoneNutri
.HDS-Audio-LettertoPhysician-CINotSeen	Letter to Physician CI Not Been Seen
.HDS-Audio-NewReferralLetter	New Referral Letter to Physician
.Geriatrics-LetterEnactingPOA	Letter Enacting POA
.Geriatrics-GAPAccepted	GAP Referral Accepted
.Geriatrics-GAPONhold	GAP Referral On Hold
.Geriatrics-GAPDeclined	GAP Referral Declined
.Paediatrics-RSVProphylaxisScreening	RSV Prophylaxis Screening for Synagis
.PulmonaryRehabDischargeReport	Pulmonary Rehab Discharge Report
.DMDietitianGestationalLetter	Niagara Diabetes Centre - Dietitian Gestational Letter
.DMDietitianGestationalFollowUpLetter	Niagara Diabetes Centre - Dietitian Gestational Follow Up Letter
.DMIndividualCounselling	Niagara Diabetes Centre - Individual Counselling
.OutpatientRehabilitationDischargeReport	Outpatient Rehabilitation Discharge Report
.PacemakerClinicPatientDischargeInformation	Pacemaker Clinic Patient Discharge Information
.KFREScore	KFRE Score
.KCP-PDCatheterPlacement	Peritoneal Dialysis Catheter Placement Procedure
.PSAC-YourAppointment	Your Pre-Operative Clinic Appointment
.PSAC-GettingReady	Getting Ready for the Preoperative Clinic



# PROVIDER LETTERS

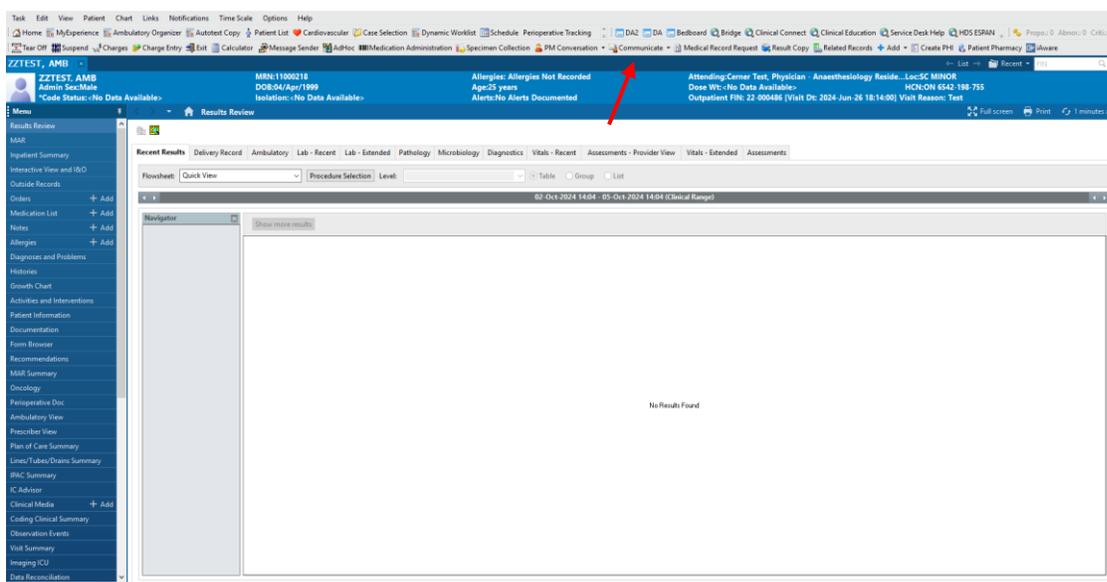
## HOSPITAL INFORMATION SYSTEM (HIS)

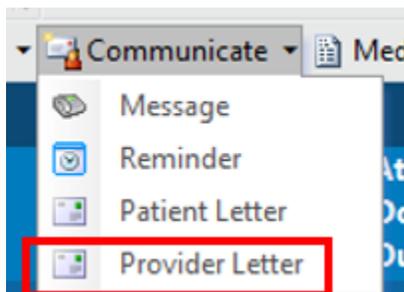
.PSAC-CommonlyAskedQ	PSAC Commonly Asked Questions
.KCP-PDInsertion	Peritoneal Dialysis Catheter Insertion Procedure Patient Information
.HIU-Angiogram	Going Home after Your Angiogram
.HIU-HeartSurgery	Heart Surgery Patient Education

## PROVIDER LETTERS – WORK/SCHOOL RELEASE LETTER

### How to create a work/school release letter in provider letters

1. Open the patient’s chart from the **Ambulatory Organizer**. Select the correct encounter that corresponds with the date of service that the letter is in reference to.
2. Once in the patient’s chart, click on the black dropdown next to **Communicate** and select **Provider Letter**.





3. Search for and select a provider from the Search for Provider list, or select a provider from the Favorite or Recent Recipient tab. If you need to manually enter a recipient's click **Add Freetext Recipient**. The provider is added to the Recipient list.

**Provider Letter Recipients**

**Select Provider**

PCP Declined, Provider     Referring Physician NHS Test01, Physician - Medical Oncology/Haematology

Search for Provider  
Internal [text input] [icon]

**Favorite (0)**

Favor...	Prefix	First Name	Last Name	Credentials	Mode	Details
There are no items to show.						

[+ Add Freetext Recipient](#)

---

**Recipient**

Favor...	Primary	Prefix	First Name	Last Name*	Credentials	Mode	Details*	More	Delete
There are no items to show.									

**Other Actions**

Forward for Print To\*: [text input] [icon]

Comments: [text input] (Limit 255)

**\*Not Printed On Letter**

OK Cancel

4. Select a cell from the Recipient list and update the provider's information as needed.

**Provider Letter Recipients** ✕

---

**Select Provider**

PCP  Referring Physician  
*Declined, Provider* *NHS Test01, Physician - Medical Oncology/Haematology*

Search for Provider

Internal  

**Favorite (0)**

Favor...	Prefix	First Name	Last Name	Credentials	Mode	Details
There are no items to show.						

[+ Add Freetext Recipient](#)

---

**Recipient**

Favor...	Primary	Prefix	First Name	Last Name*	Credentials	Mode	Details*	More	Delete
★	<input checked="" type="checkbox"/>		Physician - Medical On...	NHS Test01		Fax	[Redacted]		✕

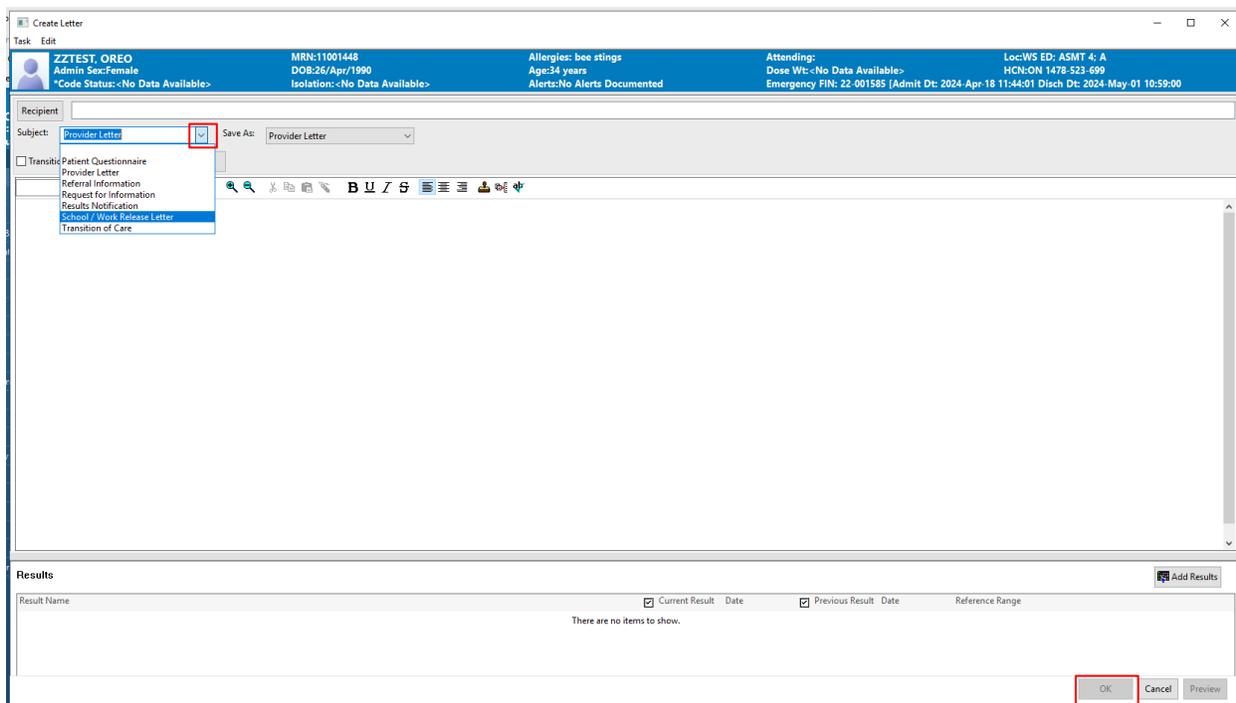
**Other Actions**

Forward for Print To\*:  

Comments:   
(Limit 255)

**\*Not Printed On Letter**

- Click **OK**. The Create Letter dialog box is displayed. Select the drop-down arrow beside the **Subject** field and select **Work/School Release Letter**. Fill out the text field with relevant information and select **OK** when complete.



Task Edit

ZZTEST, OREO MRN: 11001448 Allergies: bee stings Attending: Loc: WS ED; ASMT 4; A  
Admin Sex: Female DOB: 26/Apr/1990 Age: 34 years Alerts: No Alerts Documented Dose Wt: <No Data Available> HCN: ON 1478-923-699  
\*Code Status: <No Data Available> Isolation: <No Data Available> Emergency FIN: 22-001585 [Admit Dt: 2024-Apr-18 11:44:01 Disch Dt: 2024-May-01 10:59:00]

Recipient

Subject: **Provider Letter** Save As: Provider Letter

Transit: Patient Questionnaire  
Provider Letter  
Referral Information  
Request for Information  
Results Notification  
**School / Work Release Letter**  
Transition of Care

Results

Result Name	Current Result	Date	Previous Result	Date	Reference Range
There are no items to show.					

OK Cancel Preview