



\*\*\*\*\*ALERT\*\*\*\*\*

\*\*\*\*\*NURSE/MA VISIT REQUIRES ORDERING PHYSICIAN\*\*\*\*\*

Visit Information: Nurse/MA

[Empty text box for Visit Information]

Medical Test

Order EKG

Order select a medical test

Diagnoses

select diagnosis

notes

Plan

[Empty text box for Plan]

Followup

Order Please fax copy of today's results to referring physician.

Order Phone Nurse Follow Up

Order Care Management

Order select a followup

Additional Care Today

Immunizations

Vaccines

Print

There are no immunizations recorded for this patient

Ordered

Diseases

There are no vaccine-preventable diseases for this patient

Forecasting Results Updated: NA

Show Informational Warnings(0)

Refresh

Forecast results are not intended to replace clinical decision making

▼ Vaccines For Children

Insurance and Race as of 12/23/24



Eligibility Status:

**Immunization Orders**

Select Vaccine Lots

Order

Refuse

Influenza (Flulaval)

Order

Refuse

**Immunization Consent**

Select All

Vaccine refusal form signed

add item

**Forms**

**Visit Documents**

**Navigational Anchors in BROOKVILLE EKG**

- 1. Medical Test Orders
- 2. Diagnoses
- 3. Plan Notes
- 4. Follow Up
- 5. Prescriptions
- 6. Immunizations
- 7. Immunization Consent
- 8. Forms
- 9. Visit Documents