❖ To begin an online order via CMMS' Online Radiology Portal, select the "Orders" tab and then select "New Order".

❖ Search for patient in the orange search bar using Last Name, First Name or DOB. Once Patient is located, select "Place Order". If the patient is not yet in the system, select "Add".

❖ When adding a new patient, you must fill out all patient information (**please use all CAPITAL LETTERS**) and then select "Save". All fields in **red** are required. You will then be prompted to fill out the insurance information for the patient, but you can select "skip".

❖ After "Place Order" has been selected, fill out all exam information (**please use all CAPITAL LETTERS**) and then select "Save". All fields in **red** are required. Here are a few helpful tips:

➢ "Referring Physician" should be in the system, but if they are not, please select "Change Me". Please **DO NOT** "Add" a physician.

➢ When selecting the "Procedure(s)", CPT codes are already loaded into the system, so selecting the magnifying glass will provide options.

➢ For "Reason", type a specific reason, including **current signs and symptoms**, as to why the exams needs to be done portably (please **DO NOT** use the magnifying glass options on this section).

➢ For "Reason for Portable", please add free form texts in the "more" field (below the drop down option). Please **DO NOT** use the drop down.

➢ Selecting the phone icon for "Phone Results to" should populate the phone number we have on file, but please double check.

➢ Please also include a "Fax To" number (even though that is not in red).

➢ Please **DO NOT** select a "Time" option. If you have notes regarding timing (e.g. if a patient has dialysis at a specific time), please leave them in the "Notes" section.

Referring physician last name starts with:

A B C D E F G H I J K L M
N O P Q R S T U V W X Y Z

Referring Physician: Select a physician, [ADD ➕]
Ordered By: TEST TEST
Bldg/Floor/Unit/Room: 1   Please verify the room number.
Hospice: No
Exam Type: X-ray
Procedure(s):
(Specify Left/Right
Side when appropriate)
Reason:

Reason for Portable: Enter and/or select PORTABLE reaso ▼
(Medical Necessity)
more:

Priority: ROUTINE
Phone Results To: ☎
(999-999-9999)
Fax To: None
Scheduled Service Date: 06/18/2019 📅 Time: ▼ (Arrival time may vary)
(mm/dd/yyyy)
Notes:

Please wait at least 60 seconds after clicking 'Save' for the system to respond before clicking it again.

[SAVE 💾]