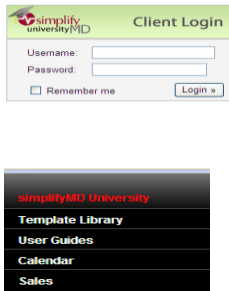
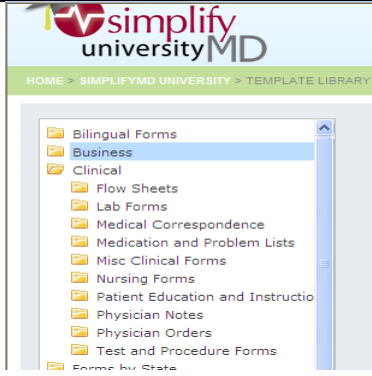
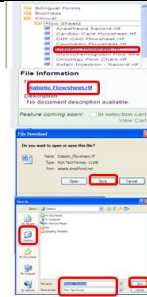


# Forms Training Agenda Uploading, Creating and Modifying Forms

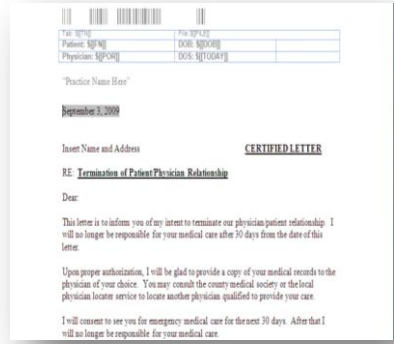
<p>Practice Name:</p> <hr/> <p>Phone#</p> <hr/> <p>Fax#</p> <hr/> <p>E-mail</p> <hr/> <p>Date: _____ Trainer: _____</p>	<p>Team Members:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><input type="checkbox"/> <b>How to find and enter the simplifyMD Template Library-</b></p> <ul style="list-style-type: none"> <li>➤ www.simplifyMD.com</li> <li>➤ Enter –             <ul style="list-style-type: none"> <li>• Username</li> <li>• Password</li> </ul> </li> <li>➤ Select Template Library</li> </ul>	
<p><input type="checkbox"/> <b>Using the Template Library</b></p> <ul style="list-style-type: none"> <li>➤ Use the folders on the left side of your screen to select the type of form or template you need.</li> <li>➤ Click the name of the document to view the form in the Preview Window.</li> <li>➤ Click the name of the document in the File Information box to download.</li> <li>➤ Make sure you save it to a place you will be able to find it later.</li> <li>➤ To go back to the Welcome page, click the Welcome file at the bottom of the folder list.</li> </ul>	
<p><input type="checkbox"/> <b>Saving and Uploading a Form from the Template Library</b></p> <ul style="list-style-type: none"> <li>➤ Select the form</li> <li>➤ Select the file information link</li> <li>➤ Save document in “RTF”</li> <li>➤ To desktop or a document folder</li> </ul>	



# Forms Training Agenda Uploading, Creating and Modifying Forms

**Adding a Barcode to a form**

- Open a word document
- Select the Margins
- In the header right click select "Edit"
- Using your Merge Tag reference sheet
  - Add a Barcode With File NamePatient – First Name, Last Name
  - Patient - Birth Date (mm/dd/yyyy)  
Note: Barcode should be 20-24 font size



**Creating a form**

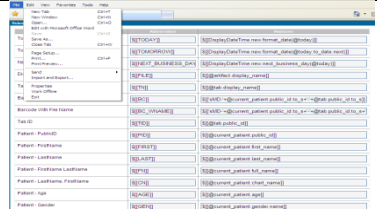
- Open a word document
- Select View Rules about templates
- Select the appropriate merge tags
- Add the body of the letter
- Save "RTF" and name the document



**Printing out the Merge Tags**

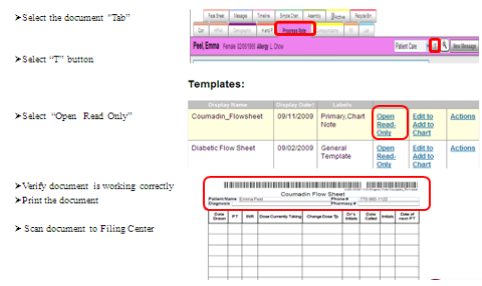
- Select View Rules about Templates
- Once the Rules about Templating window is displayed

Select your printer or leave the window open and toggle back and forth



**Test the form for accuracy**

- Select the document "Tab"
- Select "T" button
- Select "Open Read Only"
- Verify document is working correctly
- Print the document
- Scan document to Filing Center



## Forms Training Agenda Uploading, Creating and Modifying Forms

### **Remember**

#### **External USB Backup Drives**

- The drives should be labeled in some meaningful fashion (such as backup 1, backup 2)
- Only one backup drive should be connected to the appliance at a time. The other should be stored offsite or in a locked, fireproof safe
- The backup drive that is in use should be connected to the appliance via included USB cable and to the UPS unit via the included power cable
- The appliance backs up the system files and database nightly at 1:00 A.M. local time. The external USB drives should be swapped every morning, every other morning, or at an interval the practice is comfortable with

#### **Retain Scanned Documents**

- Retain Scanned Documents – simplifyMD recommends that items, files, and records that have been scanned into your Digital Chart Room should be kept for no less than 60-90 days before disposal



### **Technical Support**

- Support is available Mon-Fri 8:00am – 8:00pm EDT via phone 678-578-6187
- 24/7 via email
  - [support@simplifymd.com](mailto:support@simplifymd.com)
- Check online & simplifyMD University for regular updates
  - [www.simplifymd.com](http://www.simplifymd.com)
- Use your login name & password to access simplifyMD University





## Forms Training Agenda Uploading, Creating and Modifying Forms

**Disclaimer:** *The success of this training agenda is based on the office allowing dedicated time for the training to be completed. The office is responsible for training the staff not participating in this training session.*

**I acknowledge the Forms training has been completed:**

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*Practice Name*

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Name: (Printed)

---

*Signature*

---

*Date*

**Please fax back to: 678-578-6177**

