

## Setting up Web Form Registration for patients

1. Click on Setup Menu (top left) in Practice-Web and select Sheets.
2. Copy Registration Form, Medical History, HIPAA form (if desired) and Financial Arrangements (if desired). The copied forms will be listed on the right under Custom section.
3. Double-click on each form to customize (if desired) or keep as default.
4. Click on Tools Menu (top) in Practice-Web and select Web Forms
5. A Web Form dialog will open as follows.

Web Forms

Setup

Show Retrieved Forms

Start Date 09/20/2011 Today

End Date 09/20/2011 Refresh

Retrieve New Forms

(All retrieved forms are automatically attached to the correct patient)

Webforms				
Date	Time	Patient Last Name	Patient First Name	Description

6. Click on Setup (top left) then following dialog will open (it may take couple of minutes first time).

Web Form Setup

Registration Background Color Preference

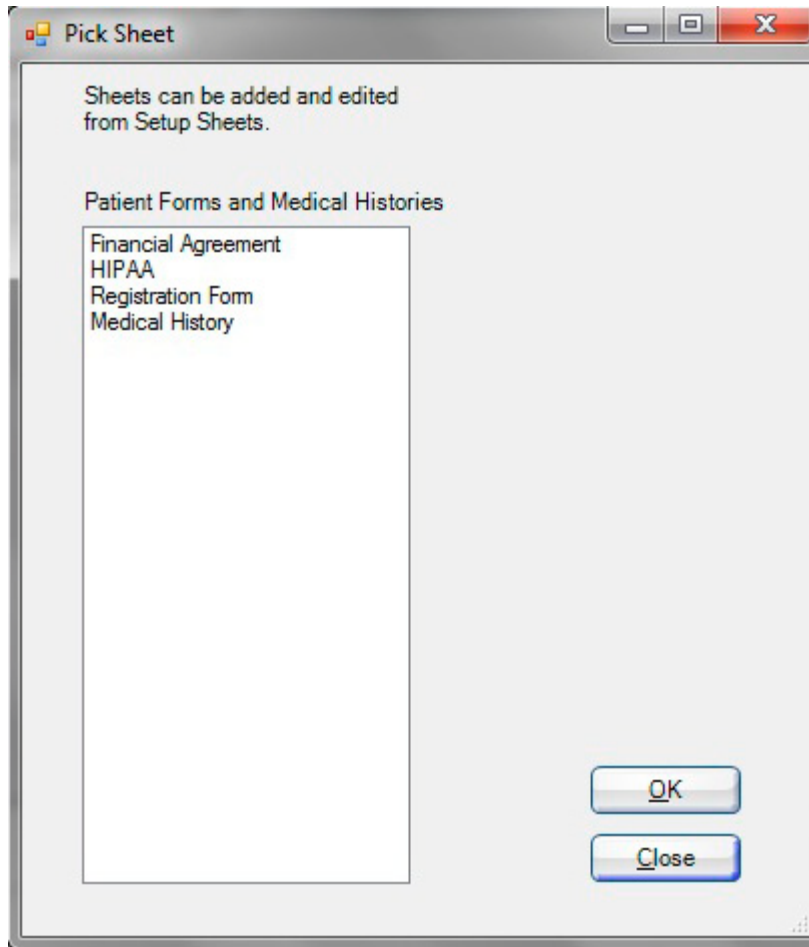
Sheet Defs

Description	Browser Address For Patients
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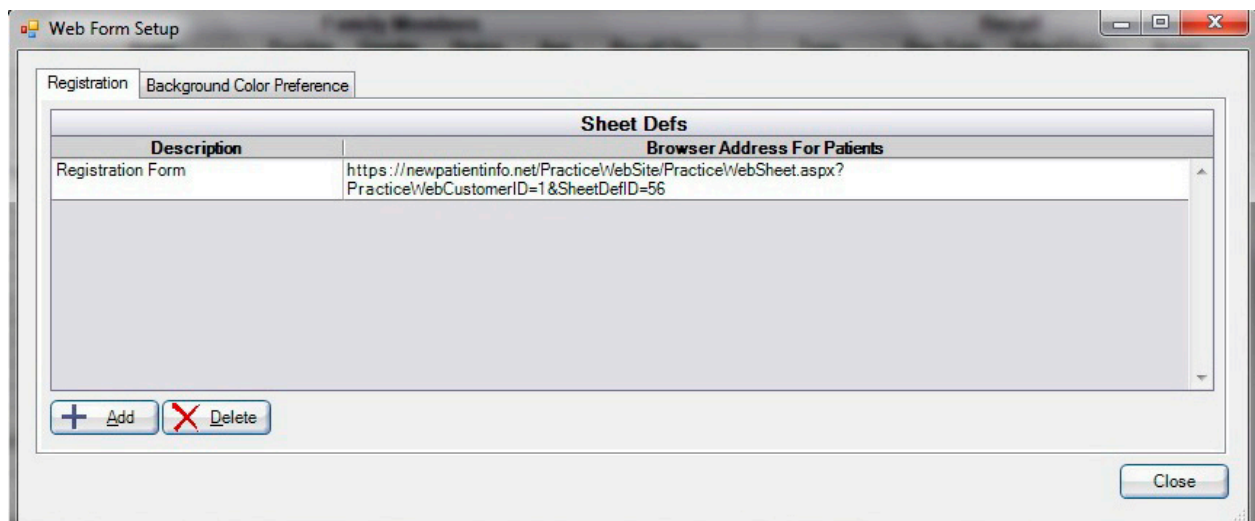
+ Add X Delete

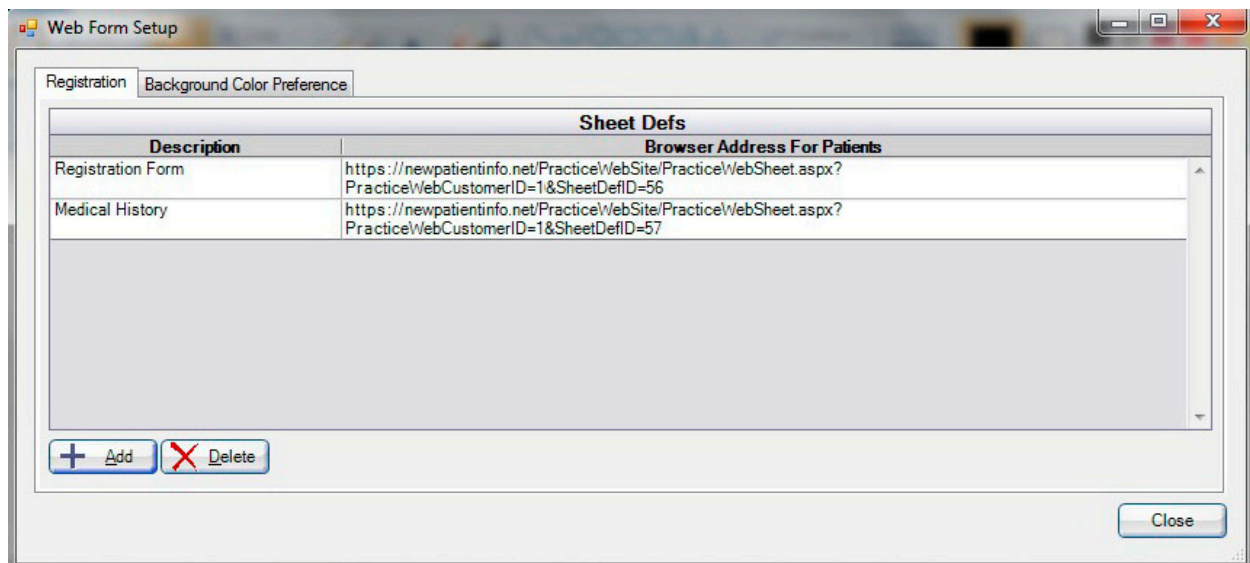
Close

7. Click on "Add button (lower left). The following dialog will open. Minimum two forms (Registration Form and Medical History should be listed).

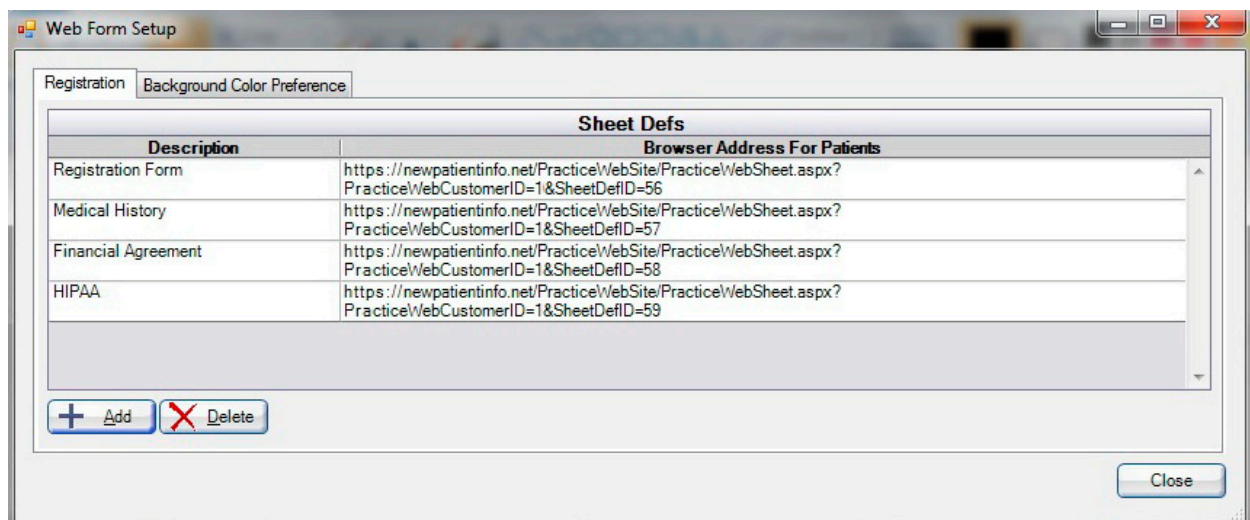


8. Pick one form at time and add to Web Form dialog as follows.





All forms are listed below.



9. Highlight the first form (single click) and then right click to COPY the URL.
10. Open Notepad (from Start button) and right click. Select paste. The URL will be displayed.
11. Repeat for all the forms to paste all URL links. Save the file and send to your Website hosting company to include in your web page where patient will register. If all four forms are included then patient will have to click four times to fill out all four forms.
12. The patient will see the following page for Registration Form.

PERSONAL				
Name	Doe	John	P	
	Last	First	MI	(Preferred)
Birthdate	04/01/63	SS#	123456789	Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F Married: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Work Phone	9165551234	Wireless Phone	9165553214	Wireless Carrier
Email	Jdoe@gmail.com			
Preferred contact method	<input type="checkbox"/> HmPhone	<input type="checkbox"/> WkPhone	<input type="checkbox"/> WirelessPh	<input checked="" type="checkbox"/> Email
Preferred contact method for confirmations	<input type="checkbox"/> HmPhone	<input type="checkbox"/> WkPhone	<input type="checkbox"/> WirelessPh	<input checked="" type="checkbox"/> Email
Preferred contact method for recall	<input type="checkbox"/> HmPhone	<input type="checkbox"/> WkPhone	<input type="checkbox"/> WirelessPh	<input checked="" type="checkbox"/> Email
Student status if dependent over 19 (for ins)	<input type="checkbox"/> Nonstudent <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime			
How did you hear about us?	Friend			
(If someone referred you here, please write down their name so we can thank them.)				
ADDRESS AND HOME PHONE				
Check box if same for entire family	<input checked="" type="checkbox"/>			
Address	1234 Any Street			
Address 2				
City	Any City	State	CA	Zip 95123
Home Phone				
INSURANCE POLICY 1				
Your relationship to subscriber:	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child			

13. A dental office staff should check Web Form under Tools Menu daily to retrieve any patient forms filled out on a day before. Click on Retrieve Forms button. Forms will be listed by the patient name.

**Web Forms**

Setup

Show Retrieved Forms

Start Date: 09/20/2011 Today

End Date: 09/20/2011 Refresh

**Retrieve New Forms**

(All retrieved forms are automatically attached to the correct patient)

Webforms				
Date	Time	Patient Last Name	Patient First Name	Description
09/20/2011	2:54p	Doe	John	Registration Form
09/20/2011	2:56p	Doe	John	Medical History
09/20/2011	2:57p	Doe	John	Financial Agreement
09/20/2011	2:57p	Doe	John	HIPAA

14. A new patient record is created from registration information as follows and all other forms are attached under Forms (top center button). Review the information and add insurance plan details.

Practice-Web Dental - Dr. Kothari (DrKothari) - Doe, John P

Log Off File Setup Lists Reports Tools Help

Select Patient Commlog E-mail Letter Forms To Task List Label Popups

Family Members: Add Delete Set Guarantor Move Add Insurance XRAY\_IMAGES PW Graphs InfoStar

Family Members

Name	Position	Gender	Status	Age	Recall Due
Doe, John P	Single	Male	Patient	48	

Recall

Type	Due Date	Sched Date
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Patient Information

Last	Doe
First	John
Middle	P
Preferred	
Title	
Salutation	
Status	Patient
Gender	Male
Position	Single
Birthdate	04/01/1963
Age	48
SSN	123-45-6789
Address	1234 Any Street
Address2	
City	Any City
State	CA
Zip	95123
Hm Phone	
Wk Phone	9165551234
Wireless Ph	9165553214
E-mail	Jdoe@gmail.com
Contact Method	Email
Op 1	ABC0
Op 2	Billing Type
Op 3	Primary Provider SSK - Kothari, DDS PC, Sana
PtReady	Sec. Provider None
Ph Asst	Language
	Referrals None
	Addr/Ph Note

Insurance Plans