

How To Import and Use Templates Within Medical Director Software

Please note there are three parts to these instructions. Part 1 and 2 are only required for a first time import of the template.

Once the template has been imported only Part 3 is required, 'How to use a template within a patient record'

Part 1 – How to import a template

Part 2 – How to import a template into Medical Director

Part 3 – How to use a template within a patient record

Part 1: How to import a template from a website

Save the required template

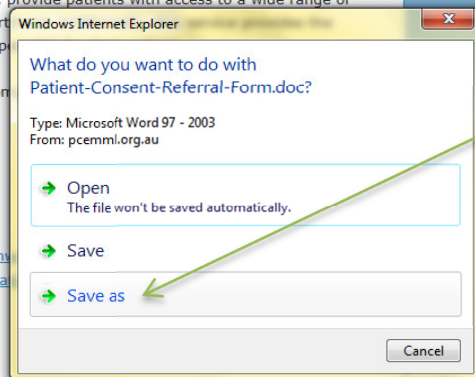
Participating specialists, working in a private capacity, provide patients with access to a wide range of professional services in the hospital's outpatient department. Referring GP with the option of choosing a particular specialist.

Please note that both referral forms below must be completed.

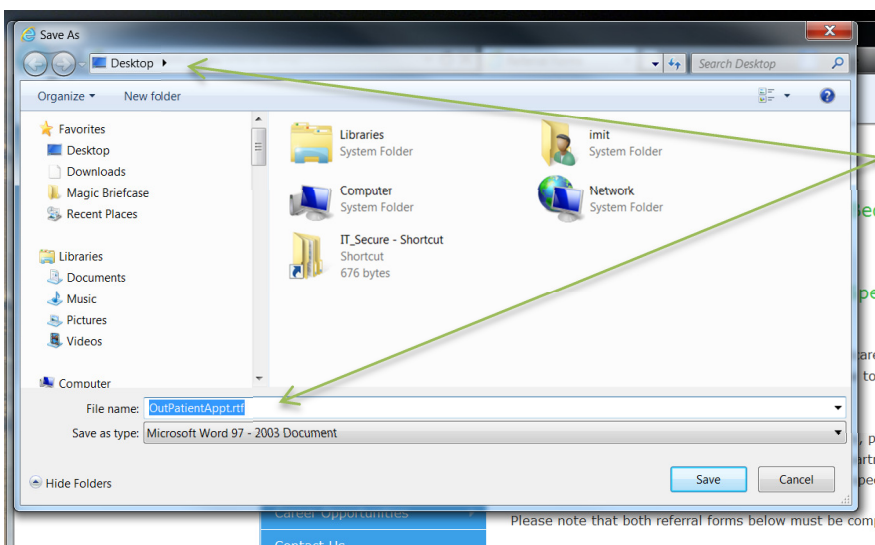
- [Patient Consent Referral Form](#)
- [Patient Information & GP Referral Letter Form](#)

Additional information:

- Referral pathways flowchart: [SKDH Referral Pathway](#)
- Patient information letter (explaining service): [Patient Information Letter](#)



When prompted select Save as



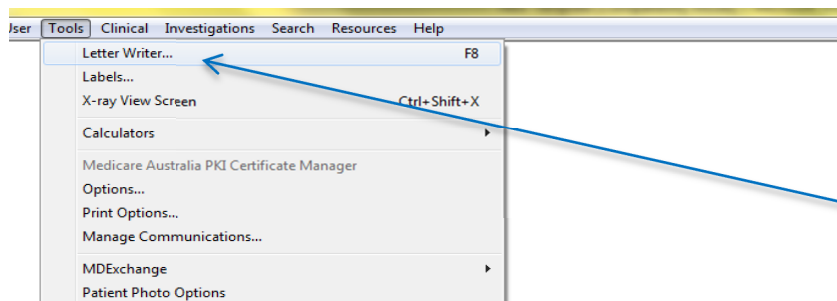
**Select a location to save the template to eg. Desktop
Then press Save**

The template has now been downloaded from the website and is saved to the desktop.

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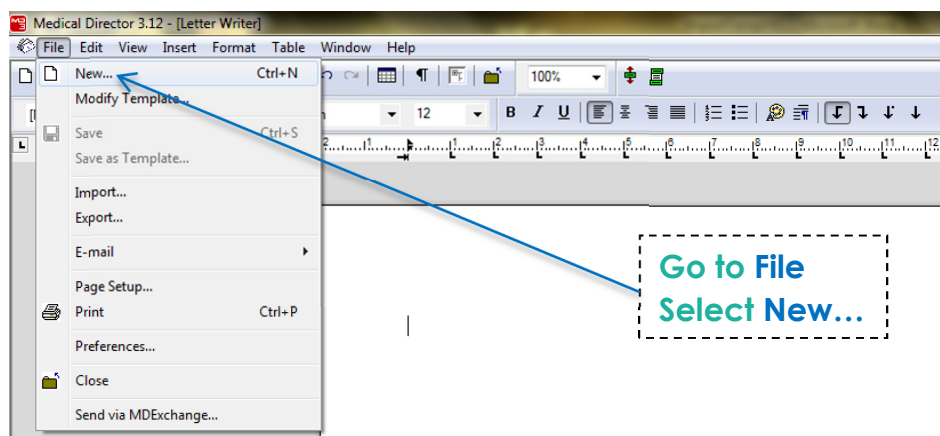
Do not open the document as this will cause issues with the template fields and formatting **Part 2: How to Import the template into Medical Director**

Open Medical Director



Go to Tools
Select Letter Writer...

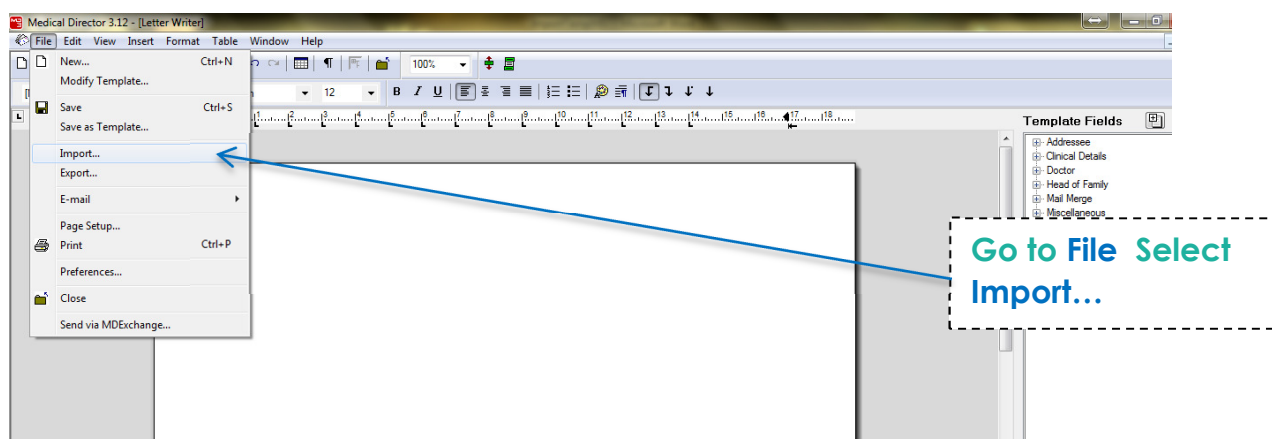
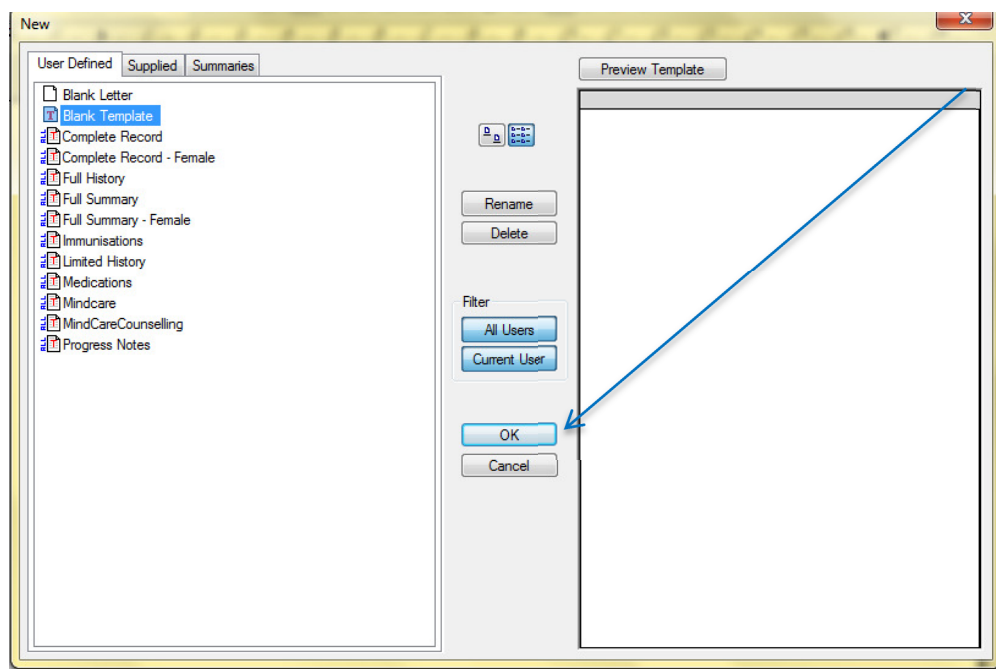
This will open up the Letter
Writer Tool/Interface



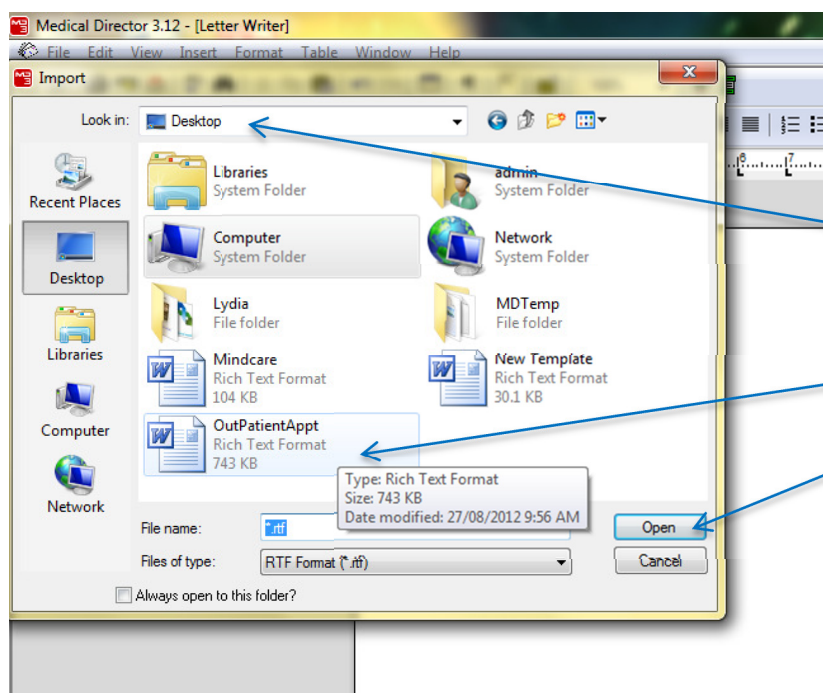
Go to File
Select New...

Select Blank Template
Then press OK

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How To Import and Use Templates Within Medical Director Software



Go to the Desktop and locate the template

Click on it then press Open

Government of Western Australia
Department of Health

REQUEST FOR OUTPATIENT APPOINTMENT

Hospital:
Speciality / Clinic:
Name of Specialist Preferred:

Has the patient been referred to this Speciality / Clinic for the same condition before: Yes ☐ No ☐
Has the patient previously been seen by this hospital? Yes ☐ No ☐ Year: _____
Is the patient suitable for a Telehealth consult? (Rural / Remote Only) Yes ☐ No ☐

Patient Details:

Family name: <<Patient Demographics:Surname>>
First Name(s): <<Patient Demographics:First Name>>
Preferred Name/Title: <<Patient Demographics:Title>>
Previous Name (eg. Maiden):
Retained: Yes ☐ No ☐

Birth Date: <<Patient Demographics:DOB>>
Country of Birth:

Hospital No: (if known)
Medicare No: <<Patient Demographics:Medicare Number>>
Ref No: _____ Expiry Date: / /

DVA White ☐ DVA Gold ☐
DVA Card Number: <<Patient Demographics:DVA Number>>
MVIT ☐ Workers Compensation ☐

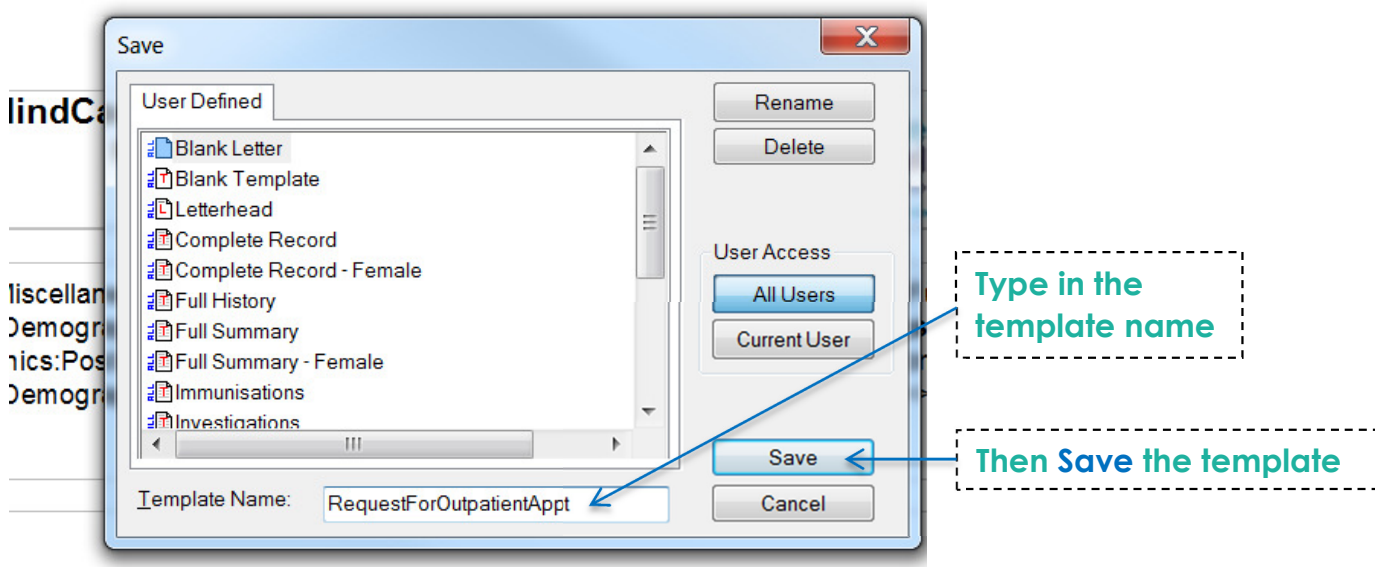
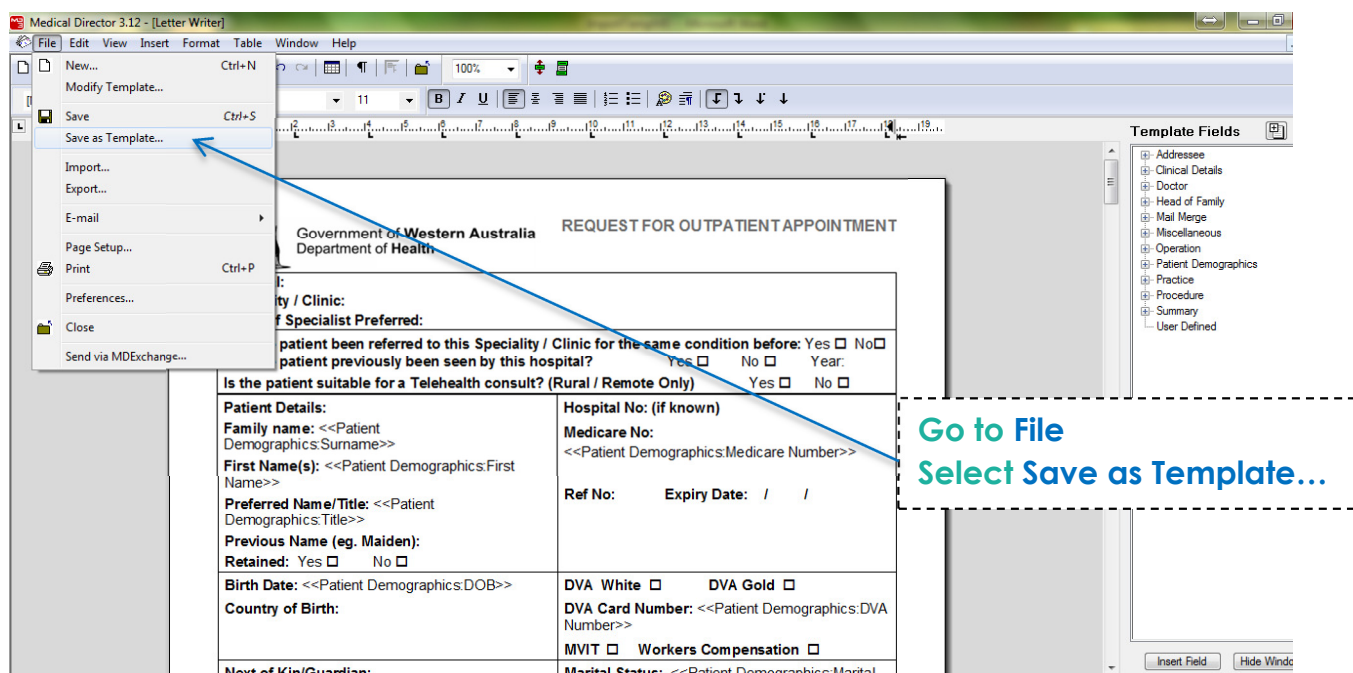
Template Fields

- Address
- Clinical Details
- Doctor
- Head of Family
- Mail Merge
- Miscellaneous
- Operation
- Patient Demographics
- Practice
- Procedure
- Summary
- User Defined

Insert Field Hide View

The template will display with the inbuilt template fields

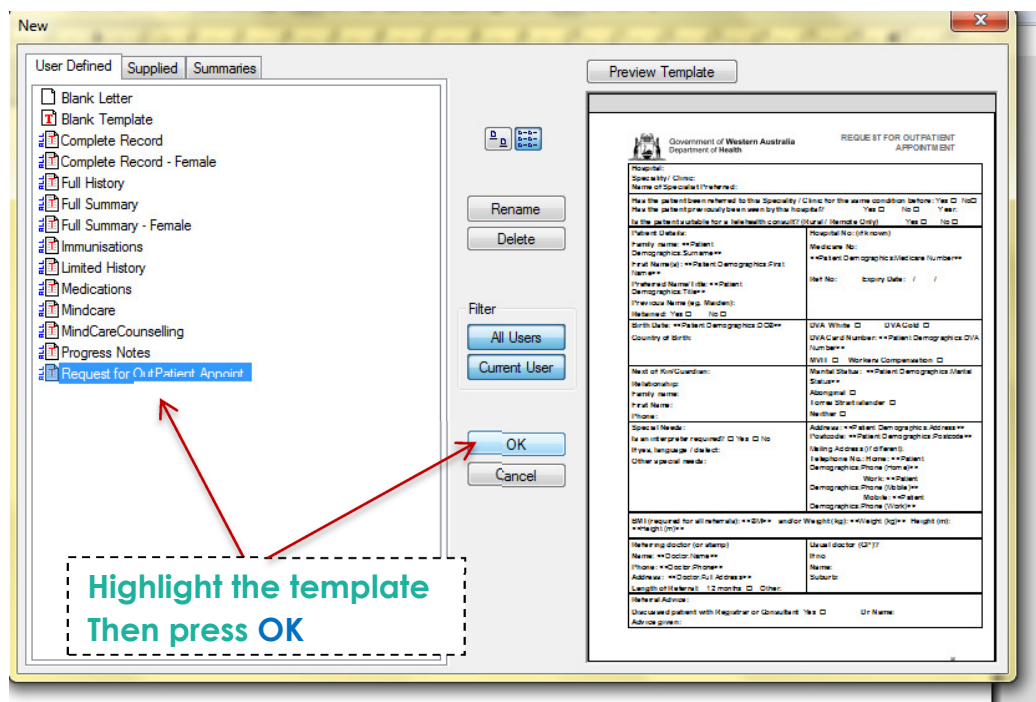
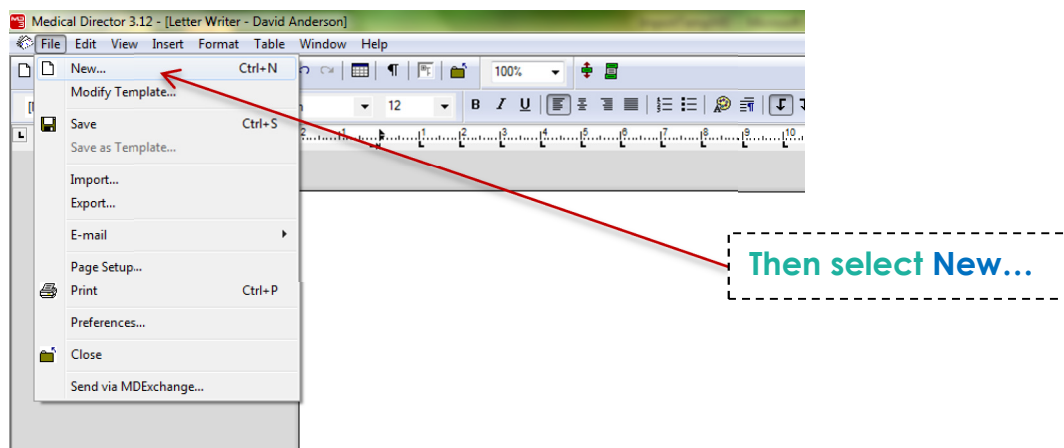
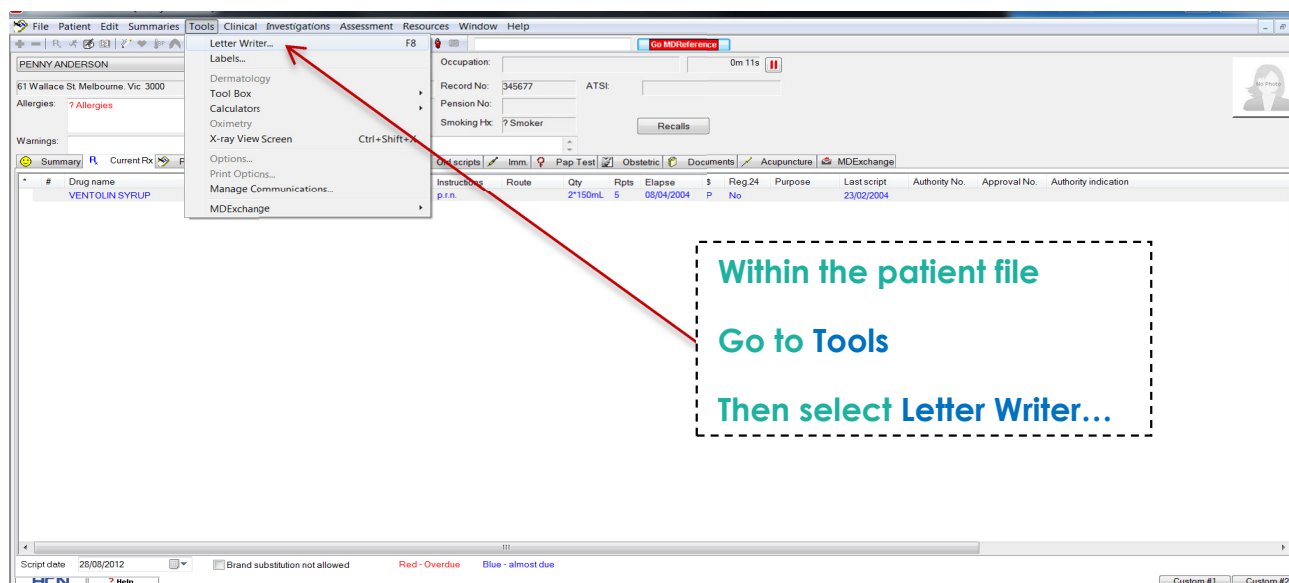
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The template has now been imported into Medical Director

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Part 3: How to use a template within Medical Director



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Select medications to include

Medication Name

- ☒ AROPAX Tablet (Paroxetine Hydrochloride)
- ☒ CELESTONE-M Cream (Betamethasone Valerate)
- ☒ IMIGRAN Tablet (Sumatriptan Succinate)
- ☒ ORUDIS SR SR Capsule (Ketoprofen)
- ☒ POLY-TEARS Eye Drops (Hyromellose/Dextran 70)

Select All Select None OK Cancel

User Defined Fields

Enter the values for these fields:

Fields

BMI:

Weight (kg):

Height (m):

OK Cancel

There will appear prompts that will require input. Fill in the requested fields then press OK

Government of Western Australia
Department of Health

REQUEST FOR OUTPATIENT APPOINTMENT

Hospital: St. John of God, Murdoch
Speciality / Clinic: Neurology
Name of Specialist Preferred: Dr. Who

Has the patient been referred to this Speciality / Clinic for the same condition? Yes ☐ No ☐
Has the patient previously been seen by this hospital? Yes ☐ No ☐
Is the patient suitable for a Telehealth consult? (Rural / Remote Only) Yes ☐ No ☐

Patient Details:

Family name: Anderson
First Name(s): David
Preferred Name/Title: Mr
Previous Name (eg. Maiden):
Retained: Yes ☐ No ☐

Birth Date: 4/1/1955
Country of Birth:

Next of Kin/Guardian:
Relationship:
Family name:
First Name:
Phone:

Hospital No: (if known)
Medicare No: 4133 40027 1 / 5
Ref No: Expiry Date: / /

DVA White ☐ DVA Gold ☐
DVA Card Number:
MVIT ☐ Workers Compensation ☐

Marital Status: Unknown
Aboriginal ☐
Torres Strait islander ☐
Neither ☐

The template will pre-populate with specific clinical information

Type directly into the incomplete fields
Then Print and/or Save the document

The template/letter is stored within the patient notes

DAVID ANDERSON DOB: 04/01/1955 57 yrs Occupation: 11m 33s

61 Wallace St, Melbourne Vic 3000 Ph: 9456 2345 (home) Record No: 345 ATSI:

Allergies: SULFONYLUREAS (ENDOCRINE) Pension No: Smoking Hx: Smokes 10/day

Warnings:

Summary Current Rx Progress Past history Results Letters Old scripts Documents MDExchange

Date Sender Addressee Subject

7/08/2012 Dr. A. Practitioner Reg

Search Clear Search Refresh View Signature HCN Help

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Has the patient previously been seen by this hospital? Yes ☐ No ☐ Year:
Is the patient suitable for a Telehealth consult? (Rural / Remote Only) Yes ☐ No ☐

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