How To: Add and Edit a Patient



How To: Add a Patient

dosespot	DASHBOARD	PATIENTS		
Welcome Prescribing Clinician 🙃				
Test Clinic				

• Start adding a patient by hitting the "PATIENTS" button in the upper left corner inside DoseSpot.

Pa	atient List
	Find A Patient
	My Recent Patients
	Add New Patient

• You will then be brought to the patient list tab where you can search or add a patient.

Add Patient				
Prefix	First Name®	First Name*		
Prefix	First Name			
Middle Name				
Middle Name				
Last Name*			Suffix	
Last Name			Suffix	
Date of Birth*		Gender*		
				~
Medical Record Number				
Height		Height Unit		
00.00				~
Weight		Weight Unit		
00.00				~
Hospice / Terminally	Ш			

			8
Address Line 1*			
Address Line 1			
Address Line 2			
Address Line 2			
City®	State®		Zip Code®
		~	XXXX-XXXXX
Primary Phone Type*	Primary Phone Number*		
~ ~	XXX-XXX-XXXX		
Phone Type 2	Phone Number 2		
v	XXX-XXX-XXXX		
Phone Type 3	Phone Number 3		
~	XXX-XXX-XXXX		
Save			Cancel

• Here you will fill in the new patient's personal info and demographic information. Once you hit save the patient will be added to your patient list.

1				Saurch
				Search
My Recent Patients				
Add New Patient				
Name	i Apr	Gender	8 Birth Date	1
Mac Jones	23 yrs	Male	Jan 5, 2000	View
David Ortiz	31 yrs	Male	Nov 13, 1991	View

• Here you will see all of the patients you have added to this specific clinic and you will be able to select which patients you need to prescribe for.

Alternatives

- Under the original prescription you will also have a list of alternatives for the drug
- These will include the same information as the original med

ALL ALTERNATIVES MUST BE APPROVED BY A PHARMACEUTICAL PROFESSIONAL THE ALTERNATIVES LISTED ARE TO BE TAKEN AS SUGGESTIONS ONLY

How To: Edit a Patient

Welcome Prescribing Clinician	
Test Clinic	
lest office	
Mac Jones, Male, 23 yrs Image: Comparison of the second secon	

- After a patient is created you may edit their info on their patient profile.
- Select the "Edit Patient Info" button.

Prefix	First Name*			
Prefix	Мас			
Middle Name				
Middle Name				
Last Name*			Suffix	
Jones			Suffix	
Date of Birth*		Gender*		
01/05/2000		Male		
Medical Record Number				
Height		Height Unit		
00.00				
Weight		Weight Unit		
00.00				

		8
		Reset Fields
Address Line 1*		
455 N. Main St.		
Address Line 2		
Address Line 2		
City [®]	State*	Zip Code*
Raynham	Massachusetts ~	02767
Primary Phone Type*	Primary Phone Number*	
Work ~	(508) 550-5555	
Phone Type 2	Phone Number 2	
· · · · · · · · · · · · · · · · · · ·	XXXX-XXXX-XXXX	
Phone Type 3	Phone Number 3	
· · · · · · · · · · · · · · · · · · ·	XXX-XXX-XXXX	
Save		Close

- This is where you will edit any information that needs to be changed for the patient.
- Once changes are made, press save to complete the editing process.

