

Arkansas Immunization



Information System

LOGGING INTO THE SYSTEM

We will start with the basics. This section is devoted to logging into the system. It will cover your first log in and guide you in logging in, in the future.

ACCESSING WEBIZ

■ Obtaining a Login

■ User Training

- Requests for training may be submitted to the Arkansas Helpdesk.

■ How to submit request for user account

- Complete online User Enrollment and Accept WebIZ Policy
 - <https://adhwebizenrollment.arkansas.gov/ADHEnrollmentContent/ShowHomePageContent.aspx>
 - Submit – and email will automatically be sent to the Help Desk
- Log-in credentials will be emailed to you with link to [WebIZ](#) with-in 1-3 days.

LOG ON TO WEBIZ

- Use the link provided in the email from the WebIZ Help Desk Specialist OR:
 - Type this URL into your internet browser's address bar, located at the top of the window.
- <https://adhimmreglive.arkansas.gov/webiznet/Default.aspx>



LOGIN SCREEN

Enter your username and password as supplied by the ADH Helpdesk.



The Official Immunization Information System for the State of Arkansas

Arkansas WebIZ Live

Login

Username

Password

[Forgot Password?](#)

Login

[Trouble Logging in?](#)

User Support: (800) 574-4040

E-mail: ADH.WebIZHelp@Arkansas.gov

Fax: (501) 671-1756

[Arkansas WebIZ Login Request Form](#)



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If you forget your password you can reset your password after answering your security questions.

LOGIN SCREEN

Enter the Username and Password credentials that you were assigned by the Help Desk and click on the “Log In” button.*

Arkansas WebIZ Live

Login

Username

Password

[Forgot Password?](#)

Login

[Trouble Logging in?](#)

User Support: (800) 574-4040

E-mail: ADH.WebIZHelp@Arkansas.gov

Fax: (501) 671-1756

[Arkansas WebIZ Login Request Form](#)

** If this is your first time logging into WebIZ, you will be prompted to change your password and set your security questions. If you have logged in before, please use the password that you set on your initial log in.*

On your first log in, you will be immediately taken to the following slide. Please enter the password that you were given through registration again in the “Existing Password” box.

Change Password

Please enter your username and password and a new password (and confirmation) to change your password. Click the 'Update' button to continue...

New Password

Username: THALL2

Existing Password: [Empty]

New Password: [Empty]

Confirm New Password: [Empty]

1. Please create a new password for your account. It must contain:
 - a) A minimum of eight (8) characters
 - b) A combination of upper and lower case letters
 - c) At least one (1) number. (0-9)
 - d) At least one special character. (Ex. #, %, *, !, \$, etc.)
 - e) * Passwords must be changed a minimum of 6 times before re-use.
2. Enter your new password into the “New Password” box and again in the “Confirm New Password” box.

3. You will need to answer at least six (6) of the security questions. You may answer more if you prefer, but you must at least answer six (6) of the questions.
4. When you have created a new password and answered at least six (6) security questions, you will need to click the “Update” button in order to save the changes.

You must answer at least 6 questions.

Question	Answer
In what city was your first job?	<input type="text"/>
What is the middle name of your oldest child?	<input type="text"/>
What is your favorite cartoon character?	<input type="text"/>
What is your favorite food?	<input type="text"/>
What is your favorite movie?	<input type="text"/>
What is your favorite song?	<input type="text"/>
What is your favorite TV show?	<input type="text"/>
What is your maternal Grandmother's maiden name?	<input type="text"/>
What is your oldest sibling's middle name?	<input type="text"/>
What is your pet's name?	<input type="text"/>
What was the color of your first car?	<input type="text"/>
What was the name of the street you grew up on?	<input type="text"/>
What was the name of your maid of honor?	<input type="text"/>
What was your high school mascot?	<input type="text"/>
Where were you when you heard the news of 9/11?	<input type="text"/>



WEBIZ HOME SCREEN

WebIZ Home Screen

The WebIZ Home Screen is the first screen displayed every time you access the system. From this screen, you can review/update your default provider and clinic by using the drop-down feature.

PROVIDER: BATCAVE SUPER CENTER, CLINIC: BATCAVE SUPER CLINIC

Arkansas WebIZ

Default Provider/Clinic

Provider	BATCAVE SUPER HOSPITAL	▼
Clinic	BATCAVE SUPER CLINIC	▼

Login History

- 11/3/2015 2:29:00 PM - SUCCESSFUL LOGIN
- 10/15/2015 9:16:35 AM - SUCCESSFUL LOGIN
- 10/15/2015 7:39:55 AM - SUCCESSFUL LOGIN
- 10/12/2015 3:35:28 PM - SUCCESSFUL LOGIN
- 10/12/2015 1:06:07 PM - SUCCESSFUL LOGIN

Notifications

⚠ There are currently no pending notifications.

News

[07/10/2015] - SCHIP Vaccine Information

HOME PAGE - DEFAULT PROVIDER/CLINIC

PROVIDER: ADH WAREHOUSE, CLINIC: ADH WAREHOUSE

Arkansas WebIZ



Default Provider/Clinic

Provider

ADH WAREHOUSE ▼

Clinic

ADH WAREHOUSE ▼

Login History

10/8/2015 7:38:15 AM - SUCCESSFUL LOGIN
10/7/2015 3:23:11 PM - SUCCESSFUL LOGIN
10/7/2015 3:23:00 PM - INVALID PASSWORD
10/7/2015 2:48:08 PM - SUCCESSFUL LOGIN
10/2/2015 10:21:44 AM - SUCCESSFUL LOGIN

Notifications

 There are currently no pending notifications.

News

[07/10/2015] - SCHIP Vaccine Information

Please refer to the attached documentation for information on ordering SCHIP Vaccine.

Attachments:

[SCHIP Packing Slip Example](#)
[SCHIP Vaccine Order Timeline](#)
[VFC-SCHIP Provider Order Form](#)

[10/07/2014] - Reconciliation Training Available

Click the link below to access the **updated Reconciliation Training guide.**

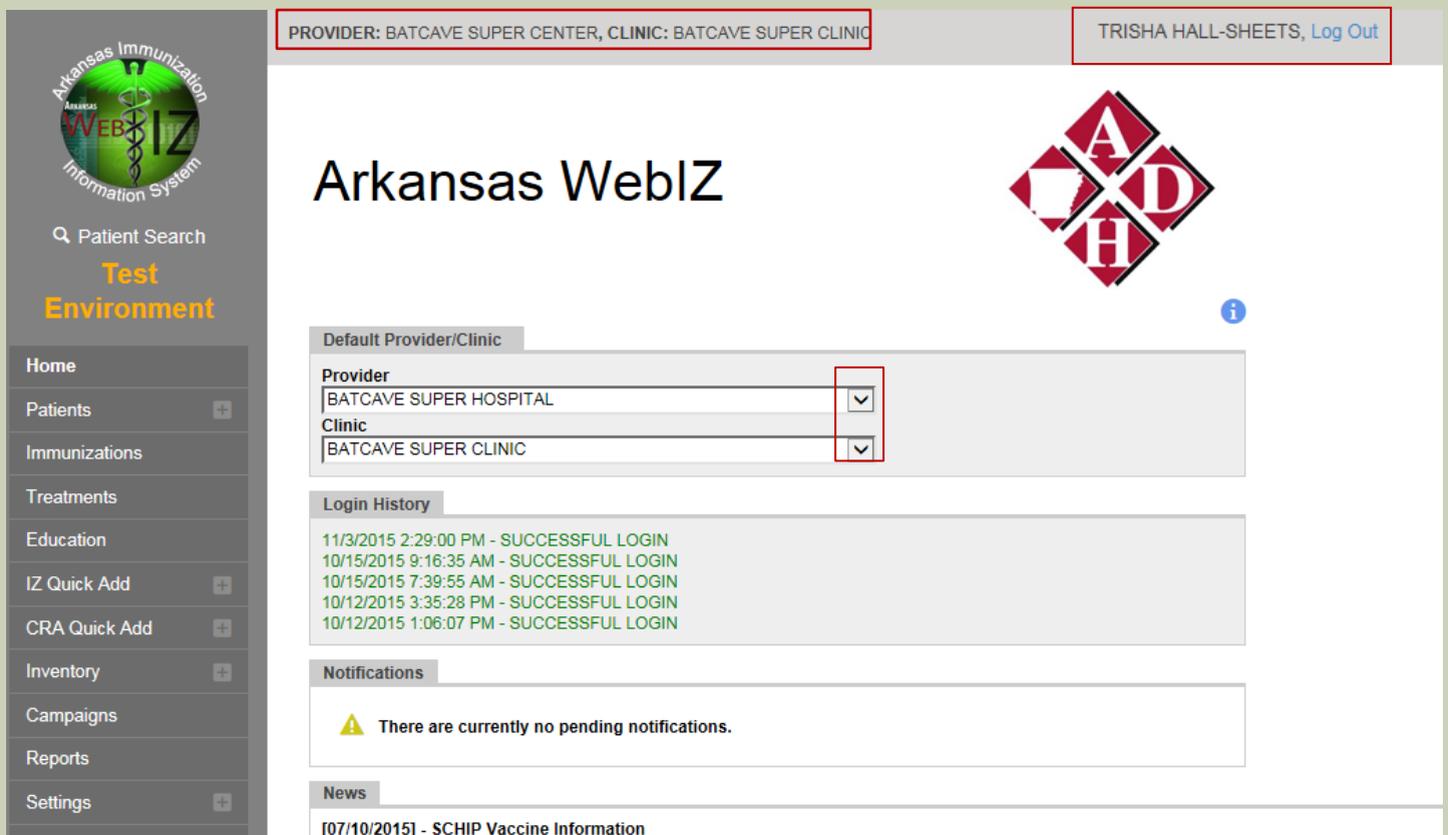
ALWAYS remember to review/set your default provider and clinic for your current session. This will ensure the system is configured correctly for you.

WEBIZ HOME SCREEN (CON'T)

WebIZ Home Screen

A users default provider and clinic will influence how many of the screens behave and/or the data displayed on these screens. If you need to change your entries, simply click on the drop down list to view those providers / clinics that you are associated to and choose the correct one.

While navigating through the system you will see a banner across the top of your browser. This identifies your current provider/clinic (left side) as well as the current user (right side) and a link to log out. You can return to the Home screen to update your default provider/clinic as necessary.



PROVIDER: BATCAVE SUPER CENTER, CLINIC: BATCAVE SUPER CLINIC

TRISHA HALL-SHEETS, [Log Out](#)

Arkansas WebIZ

Default Provider/Clinic

Provider
BATCAVE SUPER HOSPITAL

Clinic
BATCAVE SUPER CLINIC

Login History

- 11/3/2015 2:29:00 PM - SUCCESSFUL LOGIN
- 10/15/2015 9:16:35 AM - SUCCESSFUL LOGIN
- 10/15/2015 7:39:55 AM - SUCCESSFUL LOGIN
- 10/12/2015 3:35:28 PM - SUCCESSFUL LOGIN
- 10/12/2015 1:06:07 PM - SUCCESSFUL LOGIN

Notifications

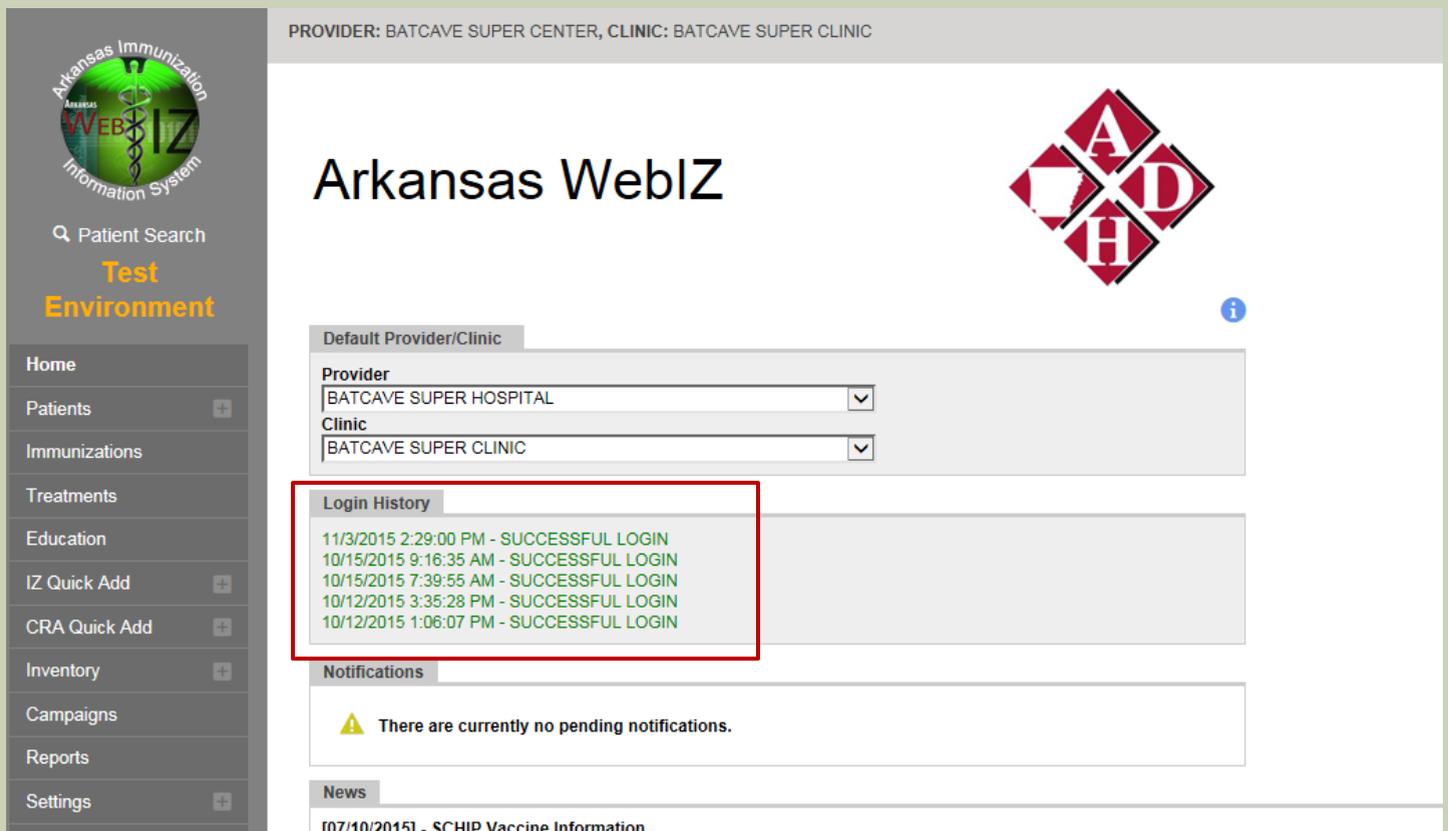
⚠ There are currently no pending notifications.

News

[07/10/2015] - SCHIP Vaccine Information

WEBIZ HOME SCREEN (CON'T)

Login History. The last five (most recent) login attempts will be displayed so the user can review it for accuracy. If they are not familiar with the date/time then they may want to reset their password.



PROVIDER: BATCAVE SUPER CENTER, CLINIC: BATCAVE SUPER CLINIC

Arkansas WebIZ

Default Provider/Clinic

Provider
BATCAVE SUPER HOSPITAL

Clinic
BATCAVE SUPER CLINIC

Login History

11/3/2015 2:29:00 PM - SUCCESSFUL LOGIN
10/15/2015 9:16:35 AM - SUCCESSFUL LOGIN
10/15/2015 7:39:55 AM - SUCCESSFUL LOGIN
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Notifications

⚠ There are currently no pending notifications.

News

[07/10/2015] - SCHIP Vaccine Information

Arkansas Immunization Information System

Test Environment

Home

Patients +

Immunizations

Treatments

Education

IZ Quick Add +

CRA Quick Add +

Inventory +

Campaigns

Reports

Settings +

WEBIZ HOME SCREEN (CON'T)

Login History. The last five (most recent) login attempts will be displayed so the user can review it for accuracy. If they are not familiar with the date/time then they may want to reset their password.

PROVIDER: BATCAVE SUPER CENTER, CLINIC: BATCAVE SUPER CLINIC



Arkansas WebIZ



Default Provider/Clinic

Provider
BATCAVE SUPER HOSPITAL

Clinic
BATCAVE SUPER CLINIC

Login History

11/3/2015 2:29:00 PM - SUCCESSFUL LOGIN
10/15/2015 9:16:35 AM - SUCCESSFUL LOGIN
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Notifications

⚠ There are currently no pending notifications.

News

[07/10/2015] - SCHIP Vaccine Information

Arkansas Immunization Information System

Patient Search

Test Environment

- Home
- Patients +
- Immunizations
- Treatments
- Education
- IZ Quick Add +
- CRA Quick Add +
- Inventory +
- Campaigns
- Reports
- Settings +

WEBIZ HOME SCREEN (CON'T)

PROVIDER: BATCAVE SUPER HOSPITAL, CLINIC: BATCAVE SUPER CLINIC

Arkansas WebIZ



[i](#)

Default Provider/Clinic

Provider
BATCAVE SUPER HOSPITAL

Clinic
BATCAVE SUPER CLINIC

Login History

- 11/4/2015 12:22:08 PM - SUCCESSFUL LOGIN
- 11/4/2015 11:42:34 AM - SUCCESSFUL LOGIN
- 11/4/2015 10:40:58 AM - SUCCESSFUL LOGIN
- 11/3/2015 2:29:00 PM - SUCCESSFUL LOGIN
- 10/15/2015 9:16:35 AM - SUCCESSFUL LOGIN

Notifications

 There are currently no pending notifications.

News

[07/10/2015] - SCHIP Vaccine Information

Please refer to the attached documentation for information on ordering SCHIP Vaccine.

Attachments:

- [SCHIP Packing Slip Example](#)
- [SCHIP Vaccine Order Timeline](#)
- [VFC-SCHIP Provider Order Form](#)

[10/07/2014] - Reconciliation Training Available

Click the link below to access the updated Reconciliation Training guide.

News Announcements. News announcements will be displayed with the date of posting along with a header and a description of the news announcement. The most recent news items are always listed first.

ANNOUNCEMENTS

News items can be posted by administrative users to convey important information. Review each day when accessing the system.



Arkansas Immunization Information System

🔍 Patient Search

- Home
- Patients +
- Immunizations
- Treatments
- Education
- IZ Quick Add +
- CRA Quick Add +
- Inventory +
- Campaigns
- Reports
- Settings +
- Administration +
- HL7 Management +

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Arkansas WebIZ



Default Provider/Clinic

Provider
HAMILTON WEST FAMILY MEDICINE

Clinic
HAMILTON WEST FAMILY MEDICINE

Login History

10/7/2015 1:17:33 PM - SUCCESSFUL LOGIN
10/7/2015 12:35:16 PM - SUCCESSFUL LOGIN
10/7/2015 11:45:47 AM - SUCCESSFUL LOGIN
10/7/2015 10:20:57 AM - SUCCESSFUL LOGIN
10/7/2015 9:56:13 AM - SUCCESSFUL LOGIN

Notifications

⚠️ There are currently no pending notifications.

News

[10/05/2015] - Inventory Adjustment Reason Changes

Please note that your options when making inventory adjustments have been altered: We have removed the "Mishandled" and "Broken Vial" options. These incidents are to be logged under the "Wasted" code.

**Thank you,
WebIZ Team**

[10/02/2015] - SCHIP Flu Vaccine

Flu Vaccine Shipments should be arriving. Please check your packing slip to determine which doses are SCHIP and which are VFC.

[09/28/2015] - Reconciliation Changes

Please be aware as of the last WebIZ upgrade, your adjustment options have changed. Each adjustment reason is tied to either add or subtract from your inventory, you will no longer be able to select the function. We

RESETTING YOUR PASSWORD

If you should forget your password, worry not! This section will cover how to reset your password.

WHEN LOGGING INTO THE SYSTEM YOU WILL HAVE THREE (3) CHANCES TO CORRECTLY ENTER YOUR USERNAME AND PASSWORD BEFORE THE SYSTEM LOCKS YOU OUT. * *

Arkansas WebIZ Live

Login

Username

Password

[Forgot Password?](#)

[Trouble Logging in?](#)

User Support: (800) 574-4040
E-mail: ADH.WebIZHelp@Arkansas.gov
Fax: (501) 671-1756
[Arkansas WebIZ Login Request Form](#)

If you have forgotten your password, you may select the “Forgot your password?” link below the log in prompt.

ONCE YOU CLICK THE LINK YOU WILL BE TAKEN TO A PAGE THAT PROMPTS YOU FOR YOUR USERNAME. PLEASE ENTER YOUR USERNAME IN THE BOX PROVIDED FOR YOU.

Arkansas WebIZ Live

Reset Password

Enter your username. Click "Next" to proceed to the Password Reset screen (assuming your answers are correct) or "Cancel" to return to the Login screen. You only have a limited number of attempts to answer the questions correctly. Otherwise, your account will be locked and you will need to contact the Helpdesk for assistance.

Enter Username - Step 1 of 3

Username

Cancel

Next

THE NEXT SCREEN WILL PROMPT YOU TO ANSWER YOUR SECURITY QUESTIONS. YOU WILL BE GIVEN THREE (3) OF THE SIX(6) ORIGINAL QUESTIONS.

Arkansas WebIZ Live

Reset Password

Select a unique question and enter the correct answer for each of the row(s) displayed. Click "Next" to proceed to the Password Reset screen (assuming your answers are correct) or "Cancel" to return to the Login screen. You only have a limited number of attempts to answer the questions correctly. Otherwise, your account will be locked and you will need to contact the Helpdesk for assistance.

Reset Password - Step 2 of 3

Question	Answer
What was the color of your first car?	<input type="text"/>
In what city was your first job?	<input type="text"/>
What is your favorite song?	<input type="text"/>

Cancel

Next

AFTER YOU HAVE SUCCESSFULLY ANSWERED THE QUESTIONS, YOU WILL PROMPTED TO CREATE AND CONFIRM A NEW PASSWORD. THE PASSWORD CRITERIA IS THE SAME AS ALWAYS IN WEBIZ:

- Minimum of eight (8) characters
- A combination of upper and lower case letters
- At least one (1) number. (0-9)
- At least one special character. (Ex. #, %, *, !, \$, etc.)

Arkansas WebIZ Live

Reset Password

Enter a new password (following the guidelines displayed). Click "Next" to save your new password or "Cancel" to return to the Login screen.

Reset Password - Step 3 of 3

New Password

Confirm New Password

Cancel

Next

- Passwords must be a minimum of 8 characters long.
- Passwords must include a combination of upper and lower case letters.
- Passwords must include at least one number. (0-9)
- Passwords must include at least one special character. (Ex: #, %, *, !, \$, etc.)
- Passwords must be changed a minimum of 6 times before re-use.

ONCE YOU CLICK THE “NEXT,” BUTTON, YOU WILL RECEIVE THE FOLLOWING POP-UP BOX. CLICK ON THE “OK” BUTTON TO RETURN TO THE MAIN WEBIZ LOG-IN PAGE.

Arkansas WebIZ Live

Reset Password

Enter a new password (following the guidelines displayed). Click "Next" to confirm your new password or "Cancel" to return to the Login screen.

Reset Password

New Password

Your password has been updated. You will now be redirected to the login screen.

- Passwords must be a minimum of 8 characters long.
- Passwords must include a combination of upper and lower case letters.
- Passwords must include at least one number. (0-9)
- Passwords must include at least one special character. (Ex: #, %, *, !, \$, etc.)
- Passwords must be changed a minimum of 6 times before re-use.



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HOME PAGE - DEFAULT PROVIDER/CLINIC

PROVIDER: ADH WAREHOUSE, CLINIC: ADH WAREHOUSE

Arkansas WebIZ



Default Provider/Clinic

Provider

ADH WAREHOUSE ▼

Clinic

ADH WAREHOUSE ▼

Login History

10/8/2015 7:38:15 AM - SUCCESSFUL LOGIN
10/7/2015 3:23:11 PM - SUCCESSFUL LOGIN
10/7/2015 3:23:00 PM - INVALID PASSWORD
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10/2/2015 10:21:44 AM - SUCCESSFUL LOGIN

Notifications

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News

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Please refer to the attached documentation for information on ordering SCHIP Vaccine.

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[SCHIP Packing Slip Example](#)
[SCHIP Vaccine Order Timeline](#)
[VFC-SCHIP Provider Order Form](#)

[10/07/2014] - Reconciliation Training Available

Click the link below to access the **updated Reconciliation Training guide.**

ALWAYS remember to review/set your default provider and clinic for your current session. This will ensure the system is configured correctly for you.

HELPFUL TIPS

- **Tab Key**
 - Allows you to navigate from one field to another (an alternative to traditional “mousing”)
- **Copy and Paste**
 - Traditional Microsoft shortcuts are functional in all text entry fields
 - Copy: Ctrl-c
 - Paste: Ctrl-v
 - Cut: Ctrl-x
- **Mandatory Items/Required Fields**
 - Required Field Headers will appear in **BOLD**
 - For example below “**Street#**” is required but “**Prefix**” is not:

Primary Address

Street #	Prefix	Street Name	Type	Suffix	Unit #	P.O. Box
<input type="text"/>	<input type="text"/>	<input type="text"/>				
City		Out of State City	County		Out of State County	
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	
State		Country		Zip Code		
<input type="text"/>		<input type="text"/>		<input type="text" value="99999-9999"/>		<input type="text"/>

Copy Primary Address To Secondary Address Clear Primary Address

Copy Secondary Address To Primary Address Clear Secondary Address

HELPFUL TIPS

- **Date fields**

- Format: mm/dd/yyyy
- If you type the numbers in this format the system will automatically add the slashes
 - Example: typing 05142007 will display 05/14/2007

- **Calendar Icon**



- Allows the user to select a date from a calendar popup
- Double-clicking in a date field will populate the current system date (i.e., today's date)

ICONS

-  **Online Help - Screen-specific online help can be accessed by clicking on this icon.**
-  **Audit Information - Hovering over this symbol will reveal the user that created the associated record, the user who last updated the record and the date and time these activities occurred.**
-  **Notes - Indicates that this patient has additional notes associated with their records. This should be a visual indicator for the user to review these before proceeding.**

ICONS (CONT'D)

-  **Precaution/Contraindication** - The patient has one or more conditions that may impact the immunization(s) they should (or should not) receive. Please examine these entries prior to recommending or administering immunizations.
-  **Deceased** - This patient is deceased. Only users with special security permissions will be able to see records that have been marked as deceased.
-  **Deleted** - This patient has been “deleted” from the system. This patient will no longer show up in searches or reports. Only Administrators have the ability to delete and undelete patients.

ICONS (CONT'D)



Calendar - Most date fields in the application are accompanied by a calendar function that will allow the user to click on it and select a date or double-click in the field and set it to today's date.



Immunization Reconciled - This icon is a visual indicator that the inventory transaction associated with the immunization has been reconciled as part of the Inventory Reconciliation process. The associated reconciliation could be impacted if the immunization is deleted.



Dose not administered - The syringe icon associated with a patient immunization record means that the record has not yet been administered (i.e., body site, body route, Administered By, and inventory data have not been entered).

ICONS (CONT'D)

 **Search.** Clicking on this icon will bring up a search popup to find the desired entry (e.g., patient, provider, etc.).

 **Print -** Click this icon to generate a report of the related record. The resulting report can then be printed.

 **Warning -** This icon is a visual indication that something did not or could not occur. For instance if no results are returned based on input criteria, this symbol along with an explanation would be returned instead.

 **Red Exclamation Point -** This icon is a visual indication that a dose has been determined as invalid by the Recommender (typically due to not meeting min/max age and/or interval requirements).

ICONS (CONT'D)

-  **Adverse Reaction** – This icon denotes a vaccination has been marked with an adverse reaction.
-  **Historical Vaccination** – This icon denotes the vaccination event has been entered as a historical vaccination.

INTRODUCTION TO PRIMARY USER MODULES

We will review the following
Modules:

- *Patients
- *Immunizations
- *Reports
- *Settings

MAJOR MODULES

• Patients Module

- Central Repository shared by all users of the system to create and update patient records
- Tracks demographic information, local identifiers, events, notes, precautions/contraindications, etc.

• Immunizations Module

- Manages all immunizations
 - Entered via the System and imported through interface(s)
 - Recommender that identifies needed vaccines based on age, vaccine history, and current immunization schedules
 - Print Official Immunization Record
- “Birth-to-Death” immunization history
- State laws vary regarding the sharing of a patient’s immunization history without consent

MAJOR MODULES (CONTINUED)

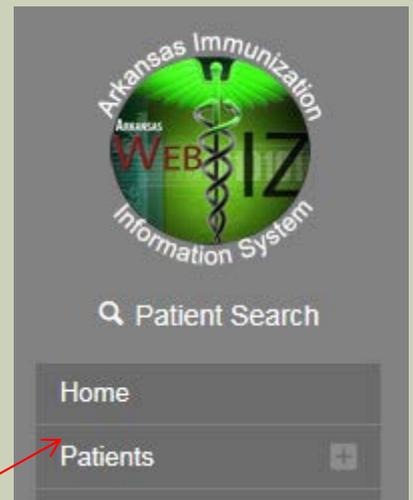
- **Reports**
 - **Reminder/Recall**
 - Allows users to run a report, create labels and/or postcards to targeted patient groups.
- **Settings Module**
 - Allows each user to set some defaults, change password and user security answers.

LOOKING UP A PATIENT

This section will supply the basics for just about every task you will perform in Arkansas WebIZ. You will begin most functions using these steps.

PATIENT SEARCH

On the left hand side of the page, Click on the “+” sign next to “Patients” to Expand the patients module.



PATIENT SEARCH – CLICK ON “SEARCH” IN THE “PATIENT” MODULE



Arkansas Immunization
Information System

Q Patient Search
Test Environment

- Home
- Patients
- Search**
- Demographics
- Local IDs
- Programs
- Notes
- Precautions/
Contraindications
- Consent
- Events
- Exemptions
- Duplicates
- Immunizations
- Treatments

Patient Search

Enter criteria to search for patients and click "Search" to continue.

Search Criteria

Patient ID	Identifier Type	Identifier Value		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Last Name	First Name	Middle Name	DOB	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>

Birth Info

Mother Last Name	Mother First Name	Mother Middle Name	Mother Maiden Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Enter your search criteria and select this button to find any matching patients.

This button allows you to pull up the most recent search you performed without re-entering the criteria.

Search Guidelines:

- Unique numbers (e.g., Patient ID, SSN) require an exact match
- Non-Unique fields (e.g., Name) require 2 or more fields to be populated and do a “starts with” search
- Entering values in multiple fields performs an “AND” search (i.e., all values must match)

TYPE IN THE SEARCH CRITERIA YOU WISH TO USE TO FIND THE PATIENT.

A good rule of thumb is to use the first three letters of their first name and their Date of Birth.

For example, if you are looking for Susan Somebody, born 01/01/1987: You would type "SUS" in the "First Name" field and then 01/01/1987 in the "DOB" field.

Patient Search

Enter criteria to search for patients and click "Search" to continue.



Search Criteria

Patient ID	Identifier Type	Identifier Value		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Last Name	First Name	Middle Name	DOB	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/> 	<input type="text"/>
Birth Info				
Mother Last Name	Mother First Name	Mother Middle Name	Mother Maiden Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="button" value="Previous Criteria"/>		<input type="button" value="Clear"/>		<input type="button" value="Search"/>

ONCE YOU HAVE TYPED IN THE CRITERIA THAT YOU DESIRE, CLICK THE “SEARCH” BUTTON.

Patient Search

Enter criteria to search for patients and click "Search" to continue. 

Search Criteria

Patient ID	Identifier Type	Identifier Value		
<input type="text"/>	<input type="text" value=""/>	<input type="text"/>		
Last Name	First Name	Middle Name	DOB	Gender
<input type="text"/>	<input type="text" value="SUS"/>	<input type="text"/>	<input type="text" value="01/01/1987"/> 	<input type="text" value=""/>

Birth Info

Mother Last Name	Mother First Name	Mother Middle Name	Mother Maiden Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



SUCCESSFUL SEARCHES

- Searching for Patients
 - May take some time to adjust to doing effective searches
 - The goal is to:
 - Provide enough criteria so that the number of rows returned is manageable
 - Don't put in so much that an opportunity to find an existing patient record is missed.
 - For example:
 - Entering just a DOB if you have a large birth cohort could return 100's or 1000's of records
 - Entering a full first, middle, and last name plus a DOB could omit the record you're looking for if there is a typo
 - A compromise might be to search by a specific ID or by the first few letters of the first and last name (with the DOB as necessary to limit results)

ENTERING A NEW PATIENT

This section will explain what happens when your search yields no results. We encourage you to enter as much information as you can on the following screens as it will help future health professionals to find and update patients more efficiently.

SEARCH FIRST – THEN CREATE NEW PATIENT (AVOID DUPLICATIONS)

Should your search criteria yields no results you will receive the following message at the bottom of the Patient Search screen which allows you to begin the process of entering in a new patient. Click on “New Patient” and fill in all the info that you know.

Search Results - 0 record(s)

 There are no patients that match your search criteria.

You may add a new patient by clicking the 'New Patient' button.

[New Patient](#)



CREATE A NEW PATIENT

The search criteria are pre-populated on this screen.

Patients New

Click "Create" to create a new patient. 

Add

Last Name	First Name	Middle Name	Generation
<input type="text" value="WOMAN"/>	<input type="text" value="CAT"/>	<input type="text"/>	<input type="text" value="▼"/>
DOB	Gender	SSN	
<input type="text" value="08/19/1968"/> 	<input type="text" value="▼"/>	<input type="text" value="999-99-9999"/>	
Mother Maiden	Mother First		
<input type="text"/>	<input type="text"/>		

Enter Patient Information and click the "Create" button. The system will perform a secondary search to ensure the patient does not already exist in the database.

CREATE A NEW PATIENT (CONT'D)

Patients New

Click "Create" to create a new patient. i

Add

Last Name	First Name	Middle Name	Generation
WOMAN	CAT		▼
DOB	Gender	SSN	
08/19/1968	FEMALE ▼	999-99-9999	
Mother Maiden	Mother First		
WOMAN	WONDER		

Proceed with Create

Possible Duplicates

The following patients have been found with similar criteria. If any of the following record(s) are the patient you are trying to create, select the patient below.

ID	Name	Phone	Insurance	VFC	Gender	DOB	
<input checked="" type="radio"/>	3344532	WOMAN, CAT		5	F	08/19/1974	

Demographics | Local IDs | Programs | Precautions / Contraindications | Notes

Treatments | Events | Consent | Immunizations | Education | Duplicates

Exemptions

A secondary search may return potential matches. At this point, you can use the existing record or proceed with creating the new record. Notice that the DOB is different, so in this case you will "Proceed with Create"

CREATE A NEW PATIENT (CONT'D)

- DEMOGRAPHICS

At this point, the patient has been entered into the system. The next step is to update the demographics information, using the screen shown on the following slide.

Simply go field by field and enter in the information you have. **Remember:** The more information that you enter, the more accurate and reliable our database becomes. Providers are more likely to find and update a patient's record that looks complete.

Simply click the "Update" button when you have entered in all information you possess.

Note:

This is the same process as updating an existing patient's demographic information

DEMOGRAPHICS SCREEN

WOMAN, CAT

ID: 3344532 DOB: 08/19/1974 AGE: 41Y 1M 20D GENDER: F

Edit

Update

Cancel

Patient Info | Primary Contact | Alias | Health Ins | Contact Info | Address | Race/Ethnicity | Medical Home Information | Birth Info

Address History

Insurance History

Campaign Responder

Default Clinic

Contacts

Set Defaults

Patient Information

Last Name: WOMAN First Name: CAT Middle Name: Generation: ▼

Gender: FEMALE DOB: 08/19/1974 Birth Time: HH:MM AM/PM (HH:MM A/P)

Patient Eligibility: (5) NOT VFC ELIGIBLE ▼

INC ID: SSN: 999-99-9999

Language: English Speaking? Interpreter Needed?

History of Varicella: NO Date of Varicella: MM/DD/YYYY

HIPAA Notice Status: Date Given: MM/DD/YYYY Last Notice Given: No Notice Given

Primary Contact

Relationship Type: ▼ Last Name: First Name: Middle Name: Generation: ▼

Alias

Last Name: First Name: Middle Name: Generation: ▼

Sources of Health Insurance

Health Insurance Source (identify up to three)	Insurance ID or Number	Date Last Verified	Primary?
▼		MM/DD/YYYY	<input type="checkbox"/>
▼		MM/DD/YYYY	<input type="checkbox"/>
▼		MM/DD/YYYY	<input type="checkbox"/>

Contact Information

Home Phone: 999-999-9999 Cell Phone: 999-999-9999 Message Phone: 999-999-9999 Work Phone: 999-999-9999 ext:

E-mail:

PATIENT HOME

PROVIDER: BATCAVE SUPER HOSPITAL, CLINIC: BATCAVE SUPER CLINIC

Patient Search

Enter criteria to search for patients and click "Search" to continue.

Official Immunization Record

Search Criteria

Patient ID	Identifier Type	Identifier Value		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Last Name	First Name	Middle Name	DOB	Gender
<input type="text"/>				

Birth Info

Mother Last Name	Mother First Name	Mother Middle Name	Mother Maiden Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Criteria

Clear

Search

Search Results - 2 record(s)

	ID	Name	Phone	Insurance	VFC	Gender	DOB		
<input type="radio"/>	3351180	WOMAN, CAT			5	F	08/19/1968		?
<input checked="" type="radio"/>	3344532	WOMAN, CAT F 1 KITTY LN HOT SPRINGS, AR 71913	501-123-4567	BCBS: XYG0054321	7	F	08/19/1974		?

Demographics	Local IDs	Programs	Precautions / Contraindications	Notes	
Treatments	Events	Consent	Immunizations	Education	Duplicates
Exemptions					

Information about the patient can be added or viewed by selecting any one of the buttons listed or the equivalent link in the Patients submenu.

UPDATING PATIENT DEMOGRAPHIC INFORMATION

This section will explain how to update and add new information to the patient demographic screen. You will have to do this when creating a new patient or updating an existing patient.

PATIENT DEMOGRAPHICS

Patient Demographics

Click "Update" to save the record or "Cancel" to return to the previous page.

Official Immunization Record

Adopt Patient

Shortcuts to the various sections of the screen

Edit



Update

Cancel

Record saved on 10/12/2015 at 9:06:30 AM.

Patient Info | Primary Contact | Alias | Health Ins | Contact Info | Address | Race/Ethnicity | Medical Home Information | Birth Info

Address History

Insurance History

Campaign Responder

Default Clinic

Contacts

Set Defaults

Patient Information

Last Name

WOMAN

First Name

CAT

Middle Name

F

Generation

Gender

FEMALE

DOB

08/19/1974

Birth Time

HH:MM AM/PM (HH:MM A/P)

Patient Eligibility

(7) NOT VFC ELIGIBLE - SCHIP

INC ID

SSN

999-99-9999

Language

FRENCH

English Speaking?

Interpreter Needed?

History of Varicella

NO

Date of Varicella

MM/DD/YYYY

HIPAA Notice Status

Date Given

MM/DD/YYYY

Last Notice Given:

10/12/2015

The "Demographics" screen is used to enter/view patient contact, insurance, ethnicity, address and birth information.

Primary Contact

Relationship Type

MOTHER

Last Name

WOMAN

First Name

WONDER

Middle Name

S

Generation

Alias

Last Name

First Name

KITTY

Middle Name

Generation

Sources of Health Insurance

Health Insurance Source (identify up to three)

Insurance ID or Number

Date Last Verified

MM/DD/YYYY

Primary?

MM/DD/YYYY

PATIENT DEMOGRAPHICS (CONT'D)

WOMAN, CAT F

ID: 3344532 DOB: 08/19/1974 AGE: 41Y 1M 23D

Alias information is used during patient searches (in addition to the First and Last Name fields)

Alias

Last Name: CAT First Name: KITTY

Sources of Health Insurance

Health Insurance Source (identify up to three)	Insurance ID or Number	Date Last Verified	Primary?
BLUE CROSS & BLUE SHIELD	XYG0054321	10/12/2015	<input checked="" type="checkbox"/>
		MM/DD/YYYY	<input type="checkbox"/>
		MM/DD/YYYY	<input type="checkbox"/>

Up to three different Insurances can be tracked per patient

Contact Information

Home Phone: 501-123-4567 Cell Phone: 999-999-9999 Message Phone: 999-999-9999 Work Phone: 999-999-9999 ext.

E-mail: CATWOMAN@GOTHAM.COM

Address is Unavailable or Temporary

Do Not Include Patient in Reminder/Recall

Primary Address

Street #: 1 Prefix: [] Street Name: KITTY Type: LN Suffix: [] Unit #: [] P.O. Box: []
City: HOT SPRINGS Out of State City: [] County: GARLAND Out of State County: []
State: ARKANSAS Country: UNITED STATES Zip Code: 71913

Copy Primary Address To Secondary Address

Clear Primary Address

Copy Secondary Address To Primary Address

Clear Secondary Address

Secondary Address

Street #: 1 Prefix: [] Street Name: KITTY Type: LN Suffix: [] Unit #: [] P.O. Box: []
City: HOT SPRINGS Out of State City: [] County: GARLAND Out of State County: []
State: ARKANSAS Country: UNITED STATES Zip Code: 71913

Race/Ethnicity

Ethnicity: NOT HISPANIC OR LATINO

Race(s) : choose up to 3

UNKNOWN OR NOT REPORTED

PATIENT DEMOGRAPHICS (CONT'D)

WOMAN, CAT F

ID: 3344532 DOB: 08/19/1974 AGE: 41Y 1M 23D GENDER: F

Alias

Last Name	First Name	Middle Name	Generation
CAT	KITTY		

Sources of Health Insurance

Health Insurance Source (identify up to three)	Insurance ID or Number	Date Last Verified	Primary?
BLUE CROSS & BLUE SHIELD	XYG0054321	10/12/2015	<input checked="" type="checkbox"/>
		MM/DD/YYYY	<input type="checkbox"/>
		MM/DD/YYYY	<input type="checkbox"/>

Contact Information

Home Phone	Cell Phone	Message Phone	Work Phone
501-123-4567	999-999-9999	999-999-9999	999-999-9999 ext:

E-mail

CATWOMAN@GOTHAM.COM

Address is Unavailable or Temporary

Do Not Include Patient in Reminder/Recall

Primary Address

Street #	Prefix	Street Name	Type	Suffix	Unit #	P.O. Box
1		KITTY	LN			
City	Out of State City	County	Out of State County			
HOT SPRINGS		GARLAND				
State	Country	Zip Code				
ARKANSAS	UNITED STATES	71913				

Copy Primary Address To Secondary Address

Clear Primary Address

Copy Secondary Address To Primary Address

Clear Secondary Address

Secondary Address

Street #	Prefix	Street Name	Type	Suffix	Unit #	P.O. Box
1		KITTY				
City	Out of State City	County	Out of State County			
HOT SPRINGS						
State	Country	Zip Code				
ARKANSAS	UNITED STATES					

Race/Ethnicity

Ethnicity
NOT HISPANIC OR LATINO

Race(s) : choose up to 3

UNKNOWN OR NOT REPORTED

Address info must be entered to move forward, or if not available, please check box. If you do not have address, you should also check "Do Not Include Patient on Reminder Recall"

PATIENT DEMOGRAPHICS (CONT'D)

 WOMAN, CAT F

ID: 3344532 DOB: 08/19/1974 AGE: 41Y 1M 23D GENDER: F

Ethnicity

NOT HISPANIC OR LATINO

Race(s) : choose up to 3

UNKNOWN OR NOT REPORTED	

Medical Home Information

Provider Name	Provider Contact Info
BATCAVE HOSPITAL	501-123-6789

Birth Information

Last Name	First Name	Middle Name	Generation
Birth Order	Birth Plurality	Birth Facility Type	Birth Facility
		HOSPITAL	
City	Out of State City	County	Out of State County
HOT SPRINGS		GARLAND	
State	Country		
ARKANSAS	UNITED STATES		

Mother

Maiden Name		
WOMAN		
Last Name	First Name	Middle Name
	WONDER	

Father

Last Name	First Name	Middle Name
MAN	BAT	

[Patient Info](#) | [Primary Contact](#) | [Alias](#) | [Health Ins](#) | [Contact Info](#) | [Address](#) | [Race/Ethnicity](#) | [Medical Home Information](#) | [Birth Info](#)

[Address History](#) | [Insurance History](#) | [Campaign Responder](#) | [Default Clinic](#) | [Contacts](#) | [Set Defaults](#)

Record saved on 10/12/2015 at 9:06:30 AM.

 Delete

Update Cancel

Official Immunization Record

Adopt Patient

Various information about the patient's birth.

SSN SECURITY RULES

- Administrators will see the SSN field behave as any other field in the system
- Users who do not have this function can:
 - Search the system using a patient's SSN
 - Add the SSN if the field is empty
 - Once the patient has an SSN, the SSN cannot be modified by the user and the actual is masked to only be displayed as ###-##-####
- This prevents users who do not have the SSN for a patient from obtaining it in via the system

ADDRESS HISTORY POP-OUT

Edit

Update Cancel

Record saved on 10/12/2015 at 9:35:25 AM.

Patient Info | Primary Contact | Alias | Health Ins | Contact Info | Address | Race/Ethnicity | Medical Home Information | Birth Info

Address History Insurance History Campaign Responder Default Clinic Contacts Set Defaults

Patient Information

Last Name: WOMAN
First Name: CAT
Middle Name: F
Sex: F

Gender: FEMALE
DOB: 08/19/1974
Birth Time: HH:MM AM/PM (HH:MM A/P)

Patient Eligibility

Displays a running list of every insurance source change since the record was created.

Patient Address History

Click "Close" to return to the Demographics screen.

View

Close

Changed By: TRISHA HALL-SHEETS (2015-10-12 09:35:25)
Address: 1 KITTY LN
HOT SPRINGS, AR 71913
County: GARLAND
Country: United States

Changed By: TRISHA HALL-SHEETS (2015-10-12 09:35:25)
Address:
HOT SPRINGS, AR 71913
County: GARLAND
Country: United States

Close

INSURANCE HISTORY POPUP

Edit

Update Cancel

Record saved on 10/12/2015 at 9:35:25 AM.

Patient Info | Primary Contact | Alias | Health Ins | Contact Info | Address | Race/Ethnicity | Medical Home Information | Birth Info

Address History Insurance History Campaign Responder Default Clinic Contacts Set Defaults

Patient Information

Last Name First Name Middle Name Generation
WOMAN CAT F

Gender DOB Birth Time
FEMALE 08/19/1974

Patient Eligibility

Displays a running list of every insurance source change since the record was created.

Patient Insurance History

Click "Close" to return to the Demographics screen. i

View

Close

Changed By: TRISHA HALL-SHEETS (2015-10-12 09:35:25)
Action: INSERT
Health Insurance: Blue Cross & Blue Shield
Insurance ID: XYG0054321
Primary Insurance: Y
Date Last Verified: 10/12/2015

Close

DEFAULT CLINIC POP-OUT

Edit

Record saved on 10/12/2015 at 9:35:25 AM.

Patient Info | Primary Contact | Alias | Health Ins | Contact Info | Address | Race/Ethnicity | Medical Home Information | Birth Info

Address History | Insurance History | Campaign Responder | **Default Clinic** | Contacts | Set Defaults

Patient Information

Last Name	First Name	Middle Name	Generation
WOMAN	CAT	F	
Gender	DOB	Birth Time	
FEMALE	08/19/1974	HH:MM AM/PM (HH:MM A/P)	

Patient Eligibility

Default Clinic Pop-out Identifies the Provider and Clinic that “owns” this patient’s record (mostly impacts reporting).

Patient Default Clinic

Click "Update" to save the record or "Close" to return to the previous page.

Edit

Provider	ADH WAREHOUSE	Update	Close
Clinic	ADH WAREHOUSE	Update	Close

CONTACTS POP-OUT

Edit

Update Cancel

Record saved on 10/12/2015 at 9:35:25 AM.

Patient Info | Primary Contact | Alias | Health Ins | Contact Info | Address | Race/Ethnicity | Medical Home Information | Birth Info

Address History Insurance History Campaign Responder Default Clinic **Contacts** Set Defaults

Patient Information

Last Name	First Name	Middle Name	Generation
WOMAN	CAT	F	
Gender	DOB	Birth Time	
FEMALE	08/19/1974	HH:MM AM/PM (HH:MM A/P)	

Patient Eligibility

Contacts Pop-out holds information on the various contacts for the patient.

Patient Contacts i

CLOSE

Update

Edit

Contact Relationship	Last Name	First Name	Middle Name	Generation
MOTHER	WOMAN	WONDER	S	
Home Phone	Work Phone	Cell Phone	Primary Contact?	Clear
999-999-9999	999-999-9999 ext.	999-999-9999	<input checked="" type="checkbox"/>	

Contact Relationship	Last Name	First Name	Middle Name	Generation
Home Phone	Work Phone	Cell Phone	Primary Contact?	Clear
999-999-9999	999-999-9999 ext.	999-999-9999	<input type="checkbox"/>	

Contact Relationship	Last Name	First Name	Middle Name	Generation
Home Phone	Work Phone	Cell Phone	Primary Contact?	Clear
999-999-9999	999-999-9999 ext.	999-999-9999	<input type="checkbox"/>	

LOCAL IDS

The screenshot displays the 'Arkansas Immunization WEBIZ Information System' interface. On the left is a navigation menu with options: Home, Patients, Search, Demographics, Local IDs (highlighted), Programs, Notes, Precautions/Contraindications, Consent, and Events. The main content area shows patient details for 'WOMAN, CAT F' (ID: 3344532, DOB: 08/19/1974, AGE: 41Y 1M 23D, GENDER: F) at 'ADH WAREHOUSE'. The 'Local Identifier' section is active, showing a value of '2222664'. It includes 'Update' and 'Cancel' buttons and a confirmation message: 'Record saved on 10/12/2015 at 9:49:10 AM.' A green callout box points to the 'Local IDs' menu item.

Local Identifier allows providers to enter their own ID for a patient (i.e. medical record number, chart number, etc.). The value is only visible to users associated with the clinic and can be used as one of the criteria fields on the Patient Search screen.

PATIENT NOTES



Search Results - 1 record(s)

ID	Name	Phone	Insurance	VFC	Gender	DOB		
3344532	WOMAN, CAT F 1 KITTY LN HOT SPRINGS, AR 71913	501-123-4567	BCBS: XYG0054321	7	F	08/19/1974		

This patient has notes.

Demographics Local IDs Programs Precautions / Contraindications Notes
Treatments Events Consent Immunizations Education Duplicates
Exemptions

Notes can be used to track a variety of information about the patient. Some notes (e.g., Vaccine Refusals) can be generated automatically by the system.

WOMAN, CAT F

ID: 3344532 DOB: 08/19/1974 AGE: 41Y 1M 23D GENDER: F

Patient Notes

Click "View" to see the details of an existing record or "Add Note" to create a new record.

Add Note

View

NOTE TYPE	NOTE DATE	STATUS	
IZ	10/12/2015	PATIENT IS UNCOMFORTABLE WITH NEEDLES.	View

PATIENT NOTES (CONT'D)

Some note types have special meaning:

- IZ Record (Print) will come out on the Immunization Record
- Provider Specific can only be seen by other users associated to the indicated provider

PROVIDER: ADH WAREHOUSE, CLINIC: ADH WAREHOUSE

 WOMAN, CAT F

ID: 3344532 DOB: 08/19/1974 AGE: 41Y 1M 23D GENDER: F

Patient Notes

Click "Create"/"Update" to save the record or "Cancel" to return to the previous page.



Add

Create

Cancel

Date

10/12/2015



Type

- GENERAL
- HEALTH
- IZ
- IZ RECORD (PRINT)
- PATIENT STATUS
- PROVIDER SPECIFIC
- REFUSED VACCINATION
- VACCINE REFUSAL (NO PRINT)

Author

HALL-SHEETS, TR

WAREHOUSE

Note

Create

Cancel

PRECAUTIONS / CONTRAINDICATIONS

PROVIDER: ADH WAREHOUSE, CLINIC: ADH WAREHOUSE

 **WOMAN, CAT F**

ID: 3344532 DOB: 08/19/1974 AGE: 41Y 1M 23D GENDER: F

Patient Precautions / Contraindications

Click 'View' to see the details of an existing record or 'Add Precautions / Contraindications' to create a new record.

Add Precautions / Contraindications



View

Precautions / Contraindications	Effective Date	Expiration Date	Comments
History of Varicella (Chickenpox)	10/12/2015		 View

The Recommender can be configured to optionally ignore some recommended immunizations based on the patient having an associated precaution/contraindication.

CONSENT

 WOMAN, CAT F

ID: 3344532 DOB: 08/19/1974 AGE: 41Y 1M 23D GENDER: F

Patient Consent

Click "Create"/"Update" to save the record or "Cancel" to return to the previous page. 

Edit



Update

Cancel

Program

Consent Date

Consent Method

IMMUNIZATION

10/12/2015



IN PERSON

Clinic

Relationship

ADH WAREHOUSE

SELF

Please Check the consent information that the patient has agreed to on the date entered:

- All
- All others allowed by law
- County health departments
- State health departments
- Other doctors, clinics, hospitals
- Schools / preschools
- Child care facilities
- All

Consent can given to specific types of providers to share records with or all.

Comments

SHOT RECORD 



Delete

Update

Cancel

PATIENT EVENTS

 WOMAN, CAT F

ID: 3344532 DOB: 08/19/1974 AGE: 41Y 1M 23D GENDER: F

Patient Events

Click "Create"/"Update" to save the record or "Cancel" to return to the previous page.



Edit



Update

Cancel

Event Date

10/12/2015



Completion Date

MM/DD/YYYY



Type

HIPAA NOTICE ▼

Comments

HIPAA NOTICE GIVEN ON 10/12/2015 (ACKNOWLEDGED)



Delete

Update

Cancel

Patient Events can be added by the system (e.g., when reminder dates are generated) or manually (e.g., for non-vaccine events)

DUPLICATES

Search Criteria

Patient ID Identifier Type Identifier Value

Last Name First Name Middle Name DOB Gender

WOMAN CAT MM/DD/YYYY

Birth Info

Mother Last Name Mother First Name Mother Middle Name Mother Maiden Name

Search Results - 2 record(s)

ID	Name	Phone	Insurance	VFC	Gender	DOB	
3351180	WOMAN, CAT			5	F	08/19/1968	<input type="button" value="?"/>
3344532	WOMAN, CAT F 1 KITTY LN HOT SPRINGS, AR 71913	501-123-4567	BCBS: XYG0054321	7	F	08/19/1974	<input type="button" value="📄"/> <input type="button" value="+"/> <input type="button" value="?"/>

You may add a new patient by clicking the 'New Patient' button.

End users can identify potential duplicates so that the WebIZ Help Desk can clean these faster.

User searches for patients, enters comments, then adds as duplicates. The system administrator then can run a report to identify these so the user doesn't need to call/email Help Desk.

DUPLICATES (CONT'D)

SIMPSON, BART (10001)		SIMPSON, BART (10002)	
Last Name	SIMPSON	SIMPSON	Last Name
First Name	BART	BART	First Name
Middle Name			Middle Name
Generation			Generation
INC ID			INC ID
Alias			Alias
Gender	M	M	Gender
DOB	01/01/2005	02/01/2005	DOB
SSN			SSN
Language			Language
Mother Maiden			Mother Maiden
Mother First			Mother First
Mother Middle			Mother Middle
Mother Last			Mother Last
Multiple Birth	N	N	Multiple Birth
Primary Contact	SIMPSON, MARGE - MOTHER	SIMPSON, BART - SELF	Primary Contact
Primary Address	123 HAPPY LITTLE ROCK, AR 72201		Primary Address
Secondary Address	123 HAPPY LITTLE ROCK, AR 72201		Secondary Address
Default Provider	ADH IMMUNIZATION PROGRAM	ADH IMMUNIZATION PROGRAM	Default Provider
Default Clinic	ADH IMMUNIZATION CLINIC	ADH IMMUNIZATION CLINIC	Default Clinic
Created By	WEBIZ ADMIN	WEBIZ ADMIN	Created By
Created On	10/15/2012 6:55:30 AM	10/15/2012 3:02:01 PM	Created On
			
Ethnicity			Ethnicity

User can view potential duplicate records side by side for more information as needed.

EXERCISE 1 – ADDING A PATIENT

- Add New Patient with the following information:
 - A Child at least 2 months old
 - Provide demographic information
 - Add a precaution/contraindication
 - Add a note for the patient
 - Note the name and date of birth as it will be used in subsequent exercises
- Search
 - Utilize the Patient Search screen to search for your patient using different criteria to get a feel for how you might best use the search function to locate patients in the future.
 - Please call the WebIZ Help Desk at 1-800-574-4040 Option 1, should you have any problems.



ADMINISTERING AN IMMUNIZATION



This section will cover the process of adding and administering immunizations to a patient's record.

ADMINISTERING AN IMMUNIZATION IN WEBIZ

First find the patient record. Type in your search criteria and click on the “Search” button; you will be given a list of relevant matches. Select the radio button next to the patient you would like to view and then select the “Immunizations” button beneath the list of search results.

Patient Search

Enter criteria to search for patients and click "Search" to continue. ?

Official Immunization Record

Search Criteria

Patient ID	Identifier Type	Identifier Value			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Last Name	First Name	Middle Name	DOB	Gender	
<input type="text"/>					

WOMAN CAT MM/DD/YYYY

Birth Info

Mother Last Name	Mother First Name	Mother Middle Name	Mother Maiden Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Search Results - 2 record(s)

ID	Name	Phone	Insurance	VFC	Gender	DOB	
<input type="radio"/>	3351180 WOMAN, CAT			5	F	08/19/1968	?
<input checked="" type="radio"/>	3344532 WOMAN, CAT F 1 KITTY LN HOT SPRINGS, AR 71913	501-123-4567	BCBS: XYG0054321	7	F	08/19/1974	<input type="button" value="Print"/> <input type="button" value="+"/> ?

You may add a new patient by clicking the 'New Patient' button.

Official Immunization Record

ADMINISTER AN IMMUNIZATION IN WEBIZ.

Here you will see the Recommended Immunizations for the patient you have searched. In order to add immunizations given to the patients, you will need to select the “Add Vaccines” button.

WOMAN, CAT F
ID: 3344532 DOB: 08/19/1974 AGE: 41Y 1M 23D GENDER: F

Immunizations Home
Use this Screen to view a Patient's Immunization History and to add new Immunizations. i

Official Immunization Record
Vaccine Documentation/Consent Form
Patient Administrative Record
Edit Vaccine Defaults

View

+ Precautions / Contraindications ARE specified **Add Vaccines** Administer Vaccines Add History

DOB	Age	History of Varicella?	Date of Varicella
08/19/1974	41Y 1M 23D	YES	10/12/2015

Recommended Immunizations for today, 10/12/2015 (41Y 1M 23D)

Vaccine
Tdap, Adsorbed
Hep A, adult
Hep B, adult
MMR
Influenza, Seasonal

Please do not rely solely on the Recommender to forecast immunizations. Utilize clinical judgment and consult both the ACIP recommended immunization schedules and the CDC Pink Book @ <http://www.cdc.gov/vaccines/pubs/pinkbook/index.html#chapters>

⚠ This patient does not have any immunizations

Recommend Auto-Populate Add Vaccines Screen

Official Immunization Record
Vaccine Documentation/Consent Form
Patient Administrative Record

Patient Events
ACIP Adult Immunization Schedule
ACIP Child and Adolescent Immunization Schedule
ACIP Child and Adolescent Catch-up Immunization Schedule
Patient Default Clinic

ADMINISTER AN IMMUNIZATION IN WEBIZ.

PROVIDER: BATCAVE SUPER HOSPITAL, CLINIC: BATCAVE SUPER CLINIC

WOMAN, CAT F

ID: 3344532 DOB: 08/19/1974 AGE: 41Y 2M 16D GENDER: F

Immunizations

Click "Create" to add the immunization, "Create and Administer" to add the immunization and proceed to the Administer Vaccine screen, or "Cancel" to return to the Immunizations page. Please do not rely solely on Registry recommendations for vaccine precautions/contraindications. Consult both the product package inserts and the CDC's list of vaccine excipients and latex contained in vaccine packaging.



Vaccine Package Inserts

Add

Create Create and Administer Cancel

Precautions / Contraindications

History of Varicella (Chickenpox)

Clinic

BATCAVE SUPER CLINIC

Vacc Date

MM/DD/YYYY

UNKNOWN

Prescribed By

Do not set this clinic as the 'default clinic' for this patient

Display All Vaccines

Clear Vaccines

Vaccine	VIS/Publication	If Vaccine Refused, Reason
TDAP, ADSORBED	Select VIS	
HEP A, ADULT	Select VIS	
HEP B, ADULT	Select VIS	
MMR	Select VIS	
INFLUENZA, SEASONAL	Select VIS	

This criteria is determined by the shots already on the record and the patient's age. If you do not want these to be added, simply click on the "Clear Vaccines" button and select the vaccines you wish to add from the drop down menu present on each line.

Create Create and Administer Cancel

ADMINISTER AN IMMUNIZATION IN WEBIZ.

You will need to fill out all the information the information for each vaccine you are trying to administer.

PROVIDER: BATCAVE SUPER HOSPITAL, CLINIC: BATCAVE SUPER CLINIC

 WOMAN, CAT F

ID: 3344532 DOB: 08/19/1974 AGE: 41Y 2M 18D GENDER: F

Immunizations

Click "Update" to save the record or "Cancel" to return to the previous page. 

Administer

Update

Cancel

Priority Group

Vaccine	Administered By LANCASTER, VIRGINIA (-) <input type="text"/>	Refusal Reason <input type="text"/>
Influenza, Seasonal	LANCASTER, VIRGINIA (-) <input type="text"/> <input type="checkbox"/> Did not Admin <input type="checkbox"/> Delete VFC: Not VFC Eligible - SCHIP	Mfg Lot Exp Date (MM/DD/YY) Funding Src Inv Loc NDC Brand (I) NOV U5709 11/06/16 PRIVATE 12345 66521-0117-12 FLUVIRIN 2014-2015 (10) <input type="text"/> Body Site <input type="text"/> Route <input type="text"/> Dosage <input type="text"/> Refusal Reason <input type="text"/> Campaign <input type="text"/> Borrowed Reason BORROWED VFC DOSE - PRIVATE VACCINE SHIPMEN* <input type="text"/> Comment <input type="text"/>

Click on Update 

Update

Cancel

YOU WILL THEN BE RETURNED THE IMMUNIZATION HOME PAGE.

PROVIDER: BATCAVE SUPER HOSPITAL, CLINIC: BATCAVE SUPER CLINIC

WOMAN, CAT F

ID: 3344532 DOB: 08/19/1974 AGE: 41Y 2M 18D GENDER: F

Immunizations Home

Use this Screen to view a Patient's Immunization History and to add new Immunizations. i

Official Immunization Record
 Vaccine Documentation/Consent Form
 Patient Administrative Record

Edit Vaccine Defaults

View

+ Precautions / Contraindications ARE specified Add Vaccines Administer Vaccines Add History

DOB: 08/19/1974 Age: 41Y 2M 18D History of Varicella?: YES Date of Varicella: 10/12/2015

Recommended Immunizations for today, 11/6/2015 (41Y 2M 18D)

Vaccine

Tdap, Adsorbed

Hep A, adult

Hep B, adult

MMR

Please do not rely solely on the Recommender to forecast immunizations. Utilize clinical judgment and consult both the ACIP recommended immunization schedules and the CDC Pink Book @ <http://www.cdc.gov/vaccines/pubs/pinkbook/index.html#chapters>

Vaccine	Dose	Date	Age	Clinic															
Influenza, Seasonal	1	11/06/2015	41Y 2M 18D	1234															

 Auto-Populate Add Vaccines Screen

Official Immunization Record
 Vaccine Documentation/Consent Form
 Patient Administrative Record

Patient Events
 ACIP Adult Immunization Schedule
 ACIP Child and Adolescent Immunization Schedule
 ACIP Child and Adolescent Catch-up Immunization Schedule
 Patient Default Clinic

PRINTING AN IMMUNIZATION RECORD

This section will show you where to find links to print the Official Immunization record and Vaccine Documentation/Consent Form for your patients.

IMMUNIZATION HOME PAGE – OFFICIAL RECORD.

PROVIDER: BATCAVE SUPER HOSPITAL, CLINIC: BATCAVE SUPER CLINIC

WOMAN, CAT F
ID: 3344532 DOB: 08/19/1974 AGE: 41Y 2M 18D GENDER: F

Immunizations Home

Use this Screen to view a Patient's Immunization History and to add new Immunizations.

Official Immunization Record
Vaccine Documentation/Consent Form
Patient Administrative Record

Edit Vaccine Defaults

View

+ Precautions / Contraindications ARE specified Add Vaccines Administer Vaccines Add History

DOB: 08/19/1974 Age: 41Y 2M 18D History of Varicella?: YES Date of Varicella: 10/12/2015

Recommended Immunizations for today, 11/6/2015 (41Y 2M 18D)

Vaccine

- Tdap, Adsorbed
- Hep A, adult
- Hep B, adult
- MMR

Please do not rely solely on the Recommender to forecast immunizations. Utilize clinical judgment and consult both the ACIP recommended immunization schedules and the CDC Pink Book @ <http://www.cdc.gov/vaccines/pubs/pinkbook/index.html#chapters>

Vaccine	Dose	Date	Age	Clinic															
Influenza, Seasonal	1	11/06/2015	41Y 2M 18D	1234															

 Auto-Populate Add Vaccines Screen

Official Immunization Record
Vaccine Documentation/Consent Form
Patient Administrative Record

Patient Events
ACIP Adult Immunization Schedule
ACIP Child and Adolescent Immunization Schedule
ACIP Child and Adolescent Catch-up Immunization Schedule
Patient Default Clinic

Click on the print Icon as shown below or select "Print" from the right click menu.



Arkansas Immunization Record

Official Document

Name: CAT F WOMAN
Date of Birth: 08/19/1974
Gender: F
Arkansas WebIZ ID#: 3344532
Date of Next Vaccination: 11/06/2015

Present this document at each medical visit.

Immunization Provider:
 SALINE COUNTY LHU
 1612 EDISON AVE
 BENTON, AR 72015
Phone: 501-303-5650

History/Allergies/Precautions/Contraindications
 History of Varicella (Chickenpox)

Vaccine	Date Given MM/DD/YYYY	Doctor or Clinic	Date Next Due MM/DD/YYYY
Influenza (Five Most Recent)			
1			11/06/2015
2			
3			
4			
5			
Other			
1			
2			
3			
4			
5			
6			

❌ - Dose determined invalid by provider. * - Adverse reaction occurred.

	vaccine	Date Given MM/DD/YYYY	Doctor or Clinic	Date Next Due MM/DD/YYYY
DTP/DT/DTaP/Td				
1				11/06/2015
2				
3				
4				
5				
Polio				
1				
2				
3				
4				
Pneumococcal				
1				08/19/2039
2				
3				
4				
Hepatitis A				
1				11/06/2015
2				
3				
Rotavirus				
1				
2				
3				
Hepatitis B				
1				11/06/2015
2				
3				
4				
HIB				
1				
2				
3				
4				
MMR				
1				11/06/2015
2				
Varicella				
1	History of Varicella	10/12/2015		
2				
HPV				
1				
Meningococcal				
1				
2				



✓ **Select Tool**

Hand Tool

Marquee Zoom

Rotate Clockwise Shift+Ctrl+Plus

Print... Ctrl+P

Find Ctrl+F

Document Properties...

Page Display Preferences...

Show Navigation Pane Buttons

Print Date 11/6/2015 1:37:12PM

ISSUING A REMINDER/RECALL RUN

The next section will detail where to find useful reports that you will have access to. Depending on your security clearance, the types and amounts of reports available will vary. This unit focuses on the Reminder/Recall Runs.

PATIENT REMINDER/RECALL

- Begin by selecting the Reports option on the left side of the application. This will bring you to the list of reports that are available to you.
Select “Patient Reminder/Recall”.

Patient Management

Birth Vaccinations

Patient Detail with Services

Patient List By Insurance Source

Patient List/Counts By Clinic Report

Patient Reminder/Recall

Patient Roster

Patients By Birth Facility Type

Patients First Seen

Patients with Active Exemptions

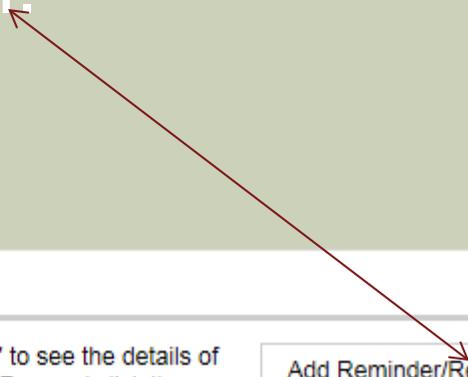
Patients with Vaccine Refusals

Vaccine Recall

PATIENT REMINDER/RECALL

You will now be on the Reminder/Recall home screen.

Please select the option at the top of the screen that says, Add Reminder/Recall Run.



Patient Reminder/Recall

Choose filters for existing Reminder/Recall Runs. Click "View" to see the details of the Reminder/Recall run or select a specific Reminder/Recall Run and click the applicable button to view extracts, reports, etc.

[Add Reminder/Recall Run](#) 

View

Provider
BATCAVE SUPER HOSPITAL 

Clinic
BATCAVE SUPER CLINIC 

[Cancel](#)

 **No records found**

PATIENT REMINDER/RECALL

You will now be on the Reminder/Recall creation page in which you will need to fill out the information specific to your intentions. And click on “Create”

Patient Reminder/Recall

Click "Create"/"Update" to save the record or "Cancel" to return to the previous page. i

Add **Create** **Cancel**

Run Name
TESTING FOR TRAINING MODULE

Provider
BATCAVE SUPER HOSPITAL

Clinic
BATCAVE SUPER CLINIC

Run Schedule Date **Run Completed Date**
11/09/2015 MM/DD/YYYY

Reminder/Recall Date Range
From: 11/09/2015 **Through:** MM/DD/YYYY

Age Range
From: 18 **Through:** 36 **UOM:** MONTHS

Options To Target Patients Included For Reminder/Recall

Patient Eligibility
(1) IS ENROLLED IN MEDICAID

County **City**
GARLAND HOT SPRINGS

Gender
BOTH

Ignore Setting For "Do Not Include Patient in Reminder/Recall"?

Only Include Patients With Address (i.e., Street Address, City, State, Zip)?

Increment Patient Reminders/Recall Count?

Exclude Patients After Number of Reminders/Recalls Without Subsequent Vaccination

Generate Reminder/Recall Event?

Include Patients Due For Vaccinations (Reminders)?

Include Patients Overdue For Vaccinations (Recalls)?

Minimum Number Of Days Past Due To Include Maximum Number Of Days Past Due To Include

Exclude Patients with Less than 2 non- Influenza/H1N1-09 Vaccinations?

Exclude patients with one or more vaccine refusals?

PATIENT REMINDER/RECALL

Click the “Create” button and the event will run for the date that you set it. You may monitor the status of your Reminder/Recall on the Reminder/Recall home page.

PROVIDER: BATCAVE SUPER HOSPITAL, CLINIC: BATCAVE SUPER CLINIC

Patient Reminder/Recall

Choose filters for existing Reminder/Recall Runs. Click “View” to see the details of the Reminder/Recall run or select a specific Reminder/Recall Run and click the applicable button to view extracts, reports, etc.

Add Reminder/Recall Run



View

Provider

BATCAVE SUPER HOSPITAL

Clinic

BATCAVE SUPER CLINIC

Cancel

	Provider	Clinic	Run Name	Run Schedule Date	Run Completed Date	Reminder/Recall From Date	Reminder/Recall Through Date	# of Patients in Run	# of Patients Assessed		
<input checked="" type="radio"/>	BATCAVE SUPER HOSPITAL	BATCAVE SUPER CLINIC	TESTING FOR TRAINING MODULE	11/09/2015		11/09/2015	11/09/2015	0	NA		Reprocess View
	Unvaccinated Report		Report								
	Dymo Labels		Avery Labels			Postcard					
	Full Extract		Auto-Dialer Email Extract			Auto-Dialer Phone Number Extract					

EXPORTING A REMINDER/RECALL RUN TO A TEMPLATE

This section will detail how to take the Reminder/Recall run from the previous section and put it on a printable template. The Reminder/Recall must be completed before you are able to export it to these options.

PATIENT REMINDER/RECALL

Click the “Create” button and the event will run for the date that you set it. You may monitor the status of your Reminder/Recall on the Reminder/Recall home page.

PROVIDER: BATCAVE SUPER HOSPITAL, CLINIC: BATCAVE SUPER CLINIC

Patient Reminder/Recall

Choose filters for existing Reminder/Recall Runs. Click “View” to see the details of the Reminder/Recall run or select a specific Reminder/Recall Run and click the applicable button to view extracts, reports, etc.

Add Reminder/Recall Run



View

Provider

BATCAVE SUPER HOSPITAL

Clinic

BATCAVE SUPER CLINIC

Cancel

	Provider	Clinic	Run Name	Run Schedule Date	Run Completed Date	Reminder/Recall From Date	Reminder/Recall Through Date	# of Patients in Run	# of Patients Assessed		
<input checked="" type="radio"/>	BATCAVE SUPER HOSPITAL	BATCAVE SUPER CLINIC	TESTING FOR TRAINING MODULE	11/09/2015		11/09/2015	11/09/2015	0	NA		Reprocess View
	Unvaccinated Report		Report								
	Dymo Labels		Avery Labels			Postcard					
	Full Extract		Auto-Dialer Email Extract			Auto-Dialer Phone Number Extract					

PATIENT REMINDER/RECALL TEMPLATES

Please select the Reminder/Recall run that you wish to view and export by clicking on the appropriate tab “Avery Labels” or “Postcard” etc.

PROVIDER: BATCAVE SUPER HOSPITAL, CLINIC: BATCAVE SUPER CLINIC

Patient Reminder/Recall

Choose filters for existing Reminder/Recall Runs. Click “View” to see the details of the Reminder/Recall run or select a specific Reminder/Recall Run and click the applicable button to view extracts, reports, etc.

Add Reminder/Recall Run



View

Provider

BATCAVE SUPER HOSPITAL

Clinic

BATCAVE SUPER CLINIC

Cancel

	Provider	Clinic	Run Name	Run Schedule Date	Run Completed Date	Reminder/Recall From Date	Reminder/Recall Through Date	# of Patients in Run	# of Patients Assessed		
<input checked="" type="radio"/>	BATCAVE SUPER HOSPITAL	BATCAVE SUPER CLINIC	TESTING FOR TRAINING MODULE	11/09/2015		11/09/2015	11/09/2015	0	NA		Reprocess View
Unvaccinated Report			Report								
Dymo Labels			Avery Labels			←→			Postcard		
Full Extract			Auto-Dialer Email Extract			Auto-Dialer Phone Number Extract					

Dymo Label Export

https://adhimmreg.arkansas.gov/webiznet_adh_test/WebCode/Reports/ReminderRun/view.aspx?ID=11&ti - Window...

https://adhimmreg.arkansas.gov/webiznet_adh_test/WebCode/Reports/ReminderRun/view.aspx?ID=11&title=Dymo&IntegratedScho

JOHNNY BEGOOD W
#5 HAPPY ST
SHERIDAN, AR 72150

BETTY BOOP P EN
123 LOVERS LN
LITTLE ROCK, AR 72208

BETTY BOOP
1817 MATT
HENSLEY, AR 72085

RAINBOW BRIGHT EN
4121 RAINBOW TRL
LITTLE ROCK, AR 72202

ELMO BULLARD
125 SOUTH ST
SEARCY, AR 72143

DONALD DUCK EN
634 BALDHEAD
AUGUSTA, AR 72008

ROBERT HILL L

11.00 x 8.50 in

1 / 2

Avery Label Export

https://adhimmreg.arkansas.gov/webiznet_adh_test/WebCode/Reports/ReminderRun/view.aspx?ID=11&ti - Window...
https://adhimmreg.arkansas.gov/webiznet_adh_test/WebCode/Reports/ReminderRun/view.aspx?ID=11&title=Avery&IntegratedSchoc

JOHNNY W BEGOOD #5 HAPPY ST SHERIDAN, AR 72150		BETTY P BOOP 123 LOVERS LN LITTLE ROCK, AR 72206	EN	BETTY BOOP 1617 MATT HENSLEY, AR 72065	
RAINBOW BRIGHT 4121 RAINBOW TRL LITTLE ROCK, AR 72202	EN	ELMO BULLARD 125 SOUTH ST SEARCY, AR 72143		DONALD DUCK 634 BALDHEAD AUGUSTA, AR 72006	EN
ROBERT L HILL 1111 APPLE TREE DR LITTLE ROCK, AR 72211		SISSY MCGAHA 12 SYLVAN WARREN, AR 71671	EN	PORKY PIG 23 MESSY LANE AVE BRINKLEY, AR 72021	EN
OWETTA TINKLE		LUCY L WHOO 827 NORTH PARK DR ARKADELPHIA, AR 71923	EN		

Save | Print | Up | Down | 1 / 1 | - | + | PDF

Post Card Export

https://adhimmreg.arkansas.gov/webiznet_adh_test/WebCode/Reports/ReminderRun/view.aspx?ID=11&ti - Window...

https://adhimmreg.arkansas.gov/webiznet_adh_test/WebCode/Reports/ReminderRun/view.aspx?ID=11&title=Postcard&IntegratedSc

ADH IZ TRAINING
4815 W MARKHAM ST
LITTLE ROCK, AR 72205
501-749-2720

ADH IZ TRAINING
4815 W MARKHAM ST
LITTLE ROCK, AR 72205
501-749-2720

JOHNNY BEGOOD
#5 HAPPY ST
SHERIDAN, AR 72150

BETTY BOOP
1817 MATT
HENSLEY, AR 72065



11.00 x 8.50 in

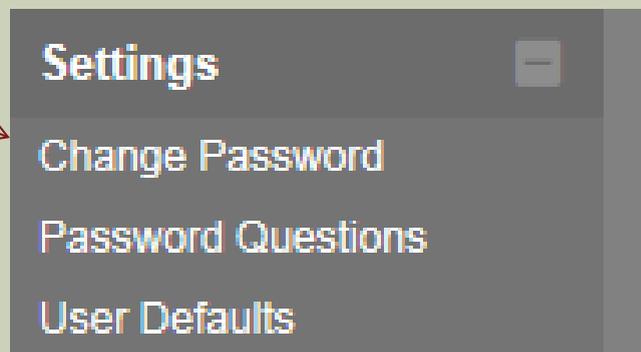
SETTINGS – USER ACCOUNT PREFERENCES

This section will detail how to change your password, and update your Security Questions

USER SETTINGS

- **Settings Module**

- Allows each user to set some defaults, change password and user security answers.
- In most cases the settings are specific to your user account. With the necessary permissions, some users may also have the ability to define preferences for all users associated with a clinic.



USER SETTINGS

• Settings Module

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PROVIDER: BATCAVE SUPER HOSPITAL, CLINIC: BATCAVE SUPER CLINIC

Change Password i

[CANCEL](#) [Update](#)

Edit

Username	Existing Password
<input type="text" value="APENNYWORTH"/>	<input type="password"/>
New Password	Confirm New Password
<input type="password"/>	<input type="password"/>

- Passwords must be a minimum of 8 characters long.
- Passwords must include a combination of upper and lower case letters.
- Passwords must include at least one number. (0-9)
- Passwords must include at least one special character. (Ex: #, %, *, !, \$, etc.)
- Passwords must be changed a minimum of 6 times before re-use.

The screenshot also shows a sidebar with the following navigation items: Home, Patients, Immunizations, Inventory, Reports, Settings (highlighted), Change Password, Password Questions, User Defaults, and User Vaccine Defaults. The 'Arkansas Immunization Information System' logo is visible at the top of the sidebar.

USER SETTINGS

- **Settings Module**

- Allows each user to set some defaults, change password and user security answers.

- In most cases the settings are specific to your user account. With the necessary permissions, some users may also have the ability to define preferences for all users associated with a clinic.

PROVIDER: BATCAVE SUPER HOSPITAL, CLINIC: BATCAVE SUPER CLINIC

Password Questions ⓘ

[Edit](#)

You must answer at least 6 questions.

Question	Answer
In what city was your first job?	<input type="text" value="GOTHAM"/>
What is the middle name of your oldest child?	<input type="text"/>
What is your favorite cartoon character?	<input type="text"/>
What is your favorite food?	<input type="text" value="CAVIER"/>
What is your favorite movie?	<input type="text" value="BATMAN"/>
What is your favorite song?	<input type="text"/>
What is your favorite TV show?	<input type="text"/>
What is your maternal Grandmother's maiden name?	<input type="text"/>
What is your oldest sibling's middle name?	<input type="text"/>
What is your pet's name?	<input type="text"/>
What was the color of your first car?	<input type="text"/>
What was the name of the street you grew up on?	<input type="text"/>
What was the name of your maid of honor?	<input type="text"/>
What was your high school mascot?	<input type="text"/>
Where were you when you heard the news of 9/11?	<input type="text"/>

USER SETTINGS

- **Settings Module**

- Allows each user to set some defaults, change password and user security answers.

- In most cases the settings are specific to your user account. With the necessary permissions, some users may also have the ability to define preferences for all users associated with a clinic.

User Defaults ⓘ

CANCEL Update

Edit

Immunization Screen

Auto-Populate Recommended Vaccines on Add Vaccines Screen

Immunization History Screen Preferences

Type of boxes: DATE BOXES ▼

Number of boxes: 6

Demographic Defaults

Language: ENGLISH ▼

City: HOT SPRINGS ▼

County: GARLAND ▼

State: ARKANSAS ▼

Country: UNITED STATES ▼

Zip Code: 71913

Administered By Defaults

Immunization Administered By: HALL-SHEETS, TRISHA (MD) ▼

Treatment Administered By: PENNYWORTH, ALFRED (APN) ▼

Prescribed By: HALL-SHEETS, TRISHA (MD) ▼

WEBIZ HELP DESK ANALYSTS



- We are here to help.
 - Please call us at 1-800-574-4040, Option 1
 - Create a ticket at <http://adhimmiregistry.hesk.com/>
 - *Above is the link for the Hesk Ticketing system. Any problems you may encounter on the Web IZ and/or any questions that may pop up can be addressed by submitting a ticket. This includes any duplicate records you might encounter while on the site. Always remember we cannot delete a person from WebIZ, we can only combine records. When asking for 2 shot records to be combined, please include the Patient ID# of the record to keep first, and then the Patient ID# of the record to be combined second. Also make sure to give as much patient information as possible in case there is conflicting data on the two records. Example: 2 different birthdays, 2 different addresses, different spelling of names, etc...*
 - *Make sure you give a detailed description of the issue so that we can resolve the problem promptly. Please remember to associate a valid email account to your ticket so that we can let you know we have processed your request. You will receive an email from do_not_reply@hesk.com when your ticket is closed out*