

## Customize Order Appearance

In order to add the capability to send orders and 485s electronically, Barnestorm had to change the format of verbal orders.

This will change the printed appearance of all orders, but, you have many options to customize the layout of your agency's orders.

---

### Order Header

The first option is located within the Programs Part 2 screen, which is located at **Codes > Program Related Codes > Programs Part 2**.

Here you can customize the title that will appear at the top of ALL verbal orders and all FYI orders.

This title can contain the name of the agency and any other text you want to appear at the top of orders.

---

### Order Settings

The following customizations happen within the global settings of Barnestorm located at **Codes > Security > Global Settings**.

---

### Agency, Patient and Physician Information

The Agency, Patient and Physician is the global setting that changes the appearance of the boxes at the top of every order.

## Customize Order Appearance

It has three options: envelope formatting, letter format, or electronic format.

Option 1: Envelope format - formats the order to be inserted into a double window envelope, similar to the old order print.

Physician's Supplemental Order	
My Agency Name 123 test street Testersville, NC 27292 Phone: <b>555-123-4567</b>	Order Number: 111100024 Order Date: 04/13/2011 Doctor# 0668 Tm 01 Chart: 117963
Fax: <b>555-123-4567</b>	

Option 2: Formal letter format.

Physician's Supplemental Order	
To: <b>Dr. ANDREW BARNES</b> <b>2525 DOCTOR STREET</b> <b>SUITE 55</b> <b>LINWOOD, NC 27299</b>	<b>03/31/2011</b>
From: <b>My Agency Name</b> <b>123 test street</b> <b>Testersville, NC 27292</b> Fax: <b>555-123-4567</b>	Order# <b>111100014</b>
Patient: <b>PATIENT, TEST J</b> <b>123 JONES ST</b> <b>LINWOOD, NC 27299</b>	Date of Birth <b>06/06/1923</b> Chart# <b>117963</b> Policy# <b>H1234567890</b> <b>HEALTH</b> <b>PLAN MEDIC</b>

Option 3: Electronic format - adds headings and makes the order look more organized.

Physician's Supplemental Order	
Agency: <b>My Agency Name</b> Address: <b>123 test street Testersville, NC 27292</b> Phone: <b>555-123-4567</b> Fax: <b>555-123-4567</b>	Order Number: <b>111100014</b> Order Date: <b>03/31/2011</b> Doctor#: <b>0668 Tm 01</b> Chart: <b>117963</b>

The agency order format can be overridden at the doctor level. If one particular doctor prefers a specific format on his/her orders,

this can be set at **Codes > Other Basic Codes > Doctors**. If this value is left blank, the agency print format will be used.

---

## ICD Codes

## Customize Order Appearance

ICD Codes have two global settings that determine how they appear on orders. The first is simply to print the ICDs on orders or not.

If this option is marked **False**, ICDs will not print on orders. If it is marked **True**, the **ICD Print Format** can be one of two values.

Option 1: The first value prints the first two ICDs along with their descriptions.

```
Primary Diagnosis: 123.4 DIPHYLLOBOTHRIASIS, INTESTINAL
Secondary Diagnosis: 286.4 VON WILLEBRAND S DISEASE
```

Option #2: The second value prints the codes of the first 5 ICDs. The descriptions are NOT printed.

```
Diagnoses:    V54.81      V43.64      781.2      V58.31      V58.32
```

---

## Order Text

The next section contains the actual content of the orders. The only option that can be changed for this section is the font.

---

## Signatures

The global setting "**Put Order Signature at bottom of page**" decides the placement of the signature block.

If True, which is the default, the signature block is aligned at the absolute bottom of the page, just above the page numbers.


This value can be set to False to put the signature block right below the ICD codes (if they are printed).

The new order format adheres to any previously set co-sign requirements. There are also three different versions that can be

set on the signature block.

## Customize Order Appearance

**Option #1: Electronic Format** - stacks the ordering employee, co-signer if required and then the physician.

Signature of Nurse / Therapist:		_____
	JEFF BARNES, RN	
Co-Signed:	_____	Date: _____
	CHRISTINE BARNES, RN	
Signature of Physician:	_____	Date: _____
	Dr. ANDREW BARNES	


Page 1 of 1

The second option prints the employee signature, co-signer, if needed and then it prints text based on the program of the patient.

Just like the header, the order footer can be customized with any text an agency desires. If this option is chosen, a block to enter

the physician signature MUST be added to the text. The custom text can be set for FYI and Verbal Orders for each program.

**Option #2: Letter Format**

	_____	Date: _____
JEFF BARNES, RN	Co-Signed: CHRISTINE BARNES, RN	
This is my customizable text. Each program can have its own footer at the bottom of orders. It MUST include a physician signature box:		
Physician Signature: _____	Date: _____	
Please review, sign, & return within 48 hours to 919-882-1234 or via mail.		

Page 1 of 1

Knowledgebase

<http://kb.barnestorm.biz/KnowledgebaseArticle50659.aspx>