

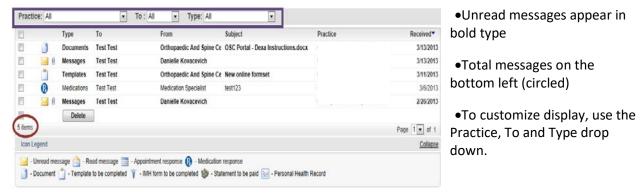
Home Page

Welcome Nurse Enc ZZZTest! Last logged in	: 1/16/2020, 10:24 AM	Patient Education			Log Out
(Patient Portal Dashboard)				Nurse Enc ZZZ	Test ~
'RACTICES Warnunalo Health Center	Waimanalo Health Center Waimanalo Health Center 41-1250 Staterana Vier Hwy Waimanalo, Heau V, 96755 View Profile Page	Email and appointment requests will be answer For your convenience, we have placed the Wain You may also access the WHC Patient Portal Us	er Guide at http://waimanalohealth.org/tostiact-wa/share_your-manao/ to share	ess the handbook at http://waimanalchealth.org/becoming-a-patient	Ĩ
🖂 Inbox here are no messages in your Inbox	Compose an Email	Upcoming Appointments	Schedule an Appointment ase contact your physician's office.	Reminders There are no reminders	
Results		J. I.	Medications		
o Results Data Available			Datient © Medication Name © Nurse line 2221'ert ACCU-CHIK-blood glucose o	Dasaga Status [©] Prescribed control high/low Waimanak	By 0 Io Health Center Sub <mark>ill</mark>

The top navigation and the content page provide access to the same features

Inbox /Mail:

View messages, documents and templates sent



Click on message to read.

In order to view messages, you will need a PDF reader on your device. Adobe Acrobat Reader is a free

Do you want to open or save O	Instructions.docx.pdf (72.0 KB) from www.nextmd.com?	<u>O</u> pen	<u>S</u> ave	•	<u>C</u> ancel	×

program that can be downloaded from http://get.adobe.com/reader/

- •The file download box displays. Click "Open" to view.
- •Click "Save" arrow and choose "Save As" to store documents to specific location.
- •Click "Cancel" to close file and not open.



🛛 Inbox

Compose/Reply Message:

Click reply in opened message.

- 1. Type message.
- 2. Click "Send" when complete.

There	are	no	messages	in	vour	Inhox	
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Compose an Email

Navigate to compose an Email

- 1. Select a "Category."
- 2. Choose a "To."
- 3. Type a "Subject."
- 4. Compose the message.
- 5. Click "Submit."

Select Practice and P	Patient		
*Practice:	Orthopaedic And Spine Center		
Submit Message			
lease select the approp	riate message category and recipient fro	om the drop down lists be	low. Asterisk (*) denotes require
"Category:	Appointment Questions		
"To:	Office Visit Specialist		
* Subject:	Type Subject Here		
* Message:	Type message in this box.		.*
call your neares	his is a true medical emergency please of thospital or medical practice. Appointm ou will be contacted within 72 business i	ent requests will answere	d by the end of the next

Upcoming Appointments Future appointments booked after the portal enrollment has been completed will show up in this section.

Reminders: The system will auto generate appointment reminders 7 days before the scheduled appointment

Lab Results: Lab results will populate after you have requested your Personal Health Record



Medication: Lists all medications.

Medications					
Patient 🗢	Medication Name	Dosage	<u>Status</u> 🗢	Prescribed By 🗢	
Nurse Enc ZZZTest	ACCU-CHEK-blood glucose control high,low			Waimanalo Health Center	Refill

Renew Medication: Only active medications will be listed and available to select. Keep in mind that not all refill requests are approved. Your provider may request for you to schedule an appointment. You will receive an email notifying you to check your portal when determination of this refill is made by your provider.

Click Refill next to medication

Renew Medications	Click Select different medications to select
1) Select Your Medical Practice	• Chek Select unterent medications to select
Select the medical practice that prescribed the medication you wish to renew.	medication.
	incultation:
*Practice: Waimanalo Health Center V	
	· Very and fermed also and a second sec
	 Your preferred pharmacy will automatically
	default as the pharmany
2) Select Medications	default as the pharmacy.
Select the medication you wish to renew.	
You currently have no medications selected for renewal, click the Select different medications link to choose the medication(s).	
<u>Select different medications</u> Print Medications	 Click Select different pharmacy and search by
3) Select Pharmacy	name, address and zip code.
Select the pharmacy you wish to handle the refill.	, 1
Selected Pharmacy:	
Pharmacy Name: Longs Drug Store #10740	 Select Reason for renewal and choose
Address: 988 Halekauwila St	• Sciect incuson for renewal and choose
Honolulu, Hi 96814 Phone Number: (808) 913-6996	appropriate response
Fax Number: (808) 464-6807	
Select different pharmacy	- Coloct Courd to and shaces the environment
	 Select Send to and choose the appropriate
4) Submit Renewal	nrovidor
Select Reason and Provider for this medication refill.	provider
*Reason: Please make a selection.	
Please make a selection.	• Enter any comments you wish to send to the
Comments:	
	provider regarding the medication.
	1 8 6
Maximum length: 500 characters	 Click Submit when complete
	• chek Subinit when complete
Poisclaimer: If this is a true medical emergency please contact your Emergency Medical Services (911), or all your nearest hospital or medical practice.	
Narcotic or controlled substance medication refills require an appointment with your Provider and will not be refilled through this portal. Please call (202) 259-7948 for an appointment.	
Medication renewal requests will be answered Monday through Friday during normal business hours.	
Submit	



Scheduling an Appointment

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Manando Madm Carrae	Vienerolite Page	species to NetROS, NPCC particle ponts. Distribute TWN is a total medical emerginary parameters contact push Enviropents Medi parameters and the species of the species of the species of the species of the parameters of the SPC Perform NetWork (the SPC and the SPC and th	mal business hours. It on our welcalit. You may access the handbook at <u>book lassimatabohashboo</u> schedest apotel	a hearing species	
🖂 intex	Compose an Insul	Adults for removing Molecular Intern Cartianal and Audit reactioned	Schedule as Appointmen	Reminders	

From the Navigator bar on top, click on **Schedule**. Scroll to **Request Appointment**

1. ENTER REQU	st			
select Your Medical Practice				
ase select the medical practice (or that appointment.			
*Practice:	Waimanalo Health Ce	iter	~	
Select Provider and Location				
ose select your provider, the app	ropriate appointment cate	gory and desin	red location from the drop down lists below	
*Select provider/group:	Please select a provid	H.		
"Select category:	Please select a catego	ŋ.	~	
"Select location:	Please select a locatio	n.	0	
Beason for appointment:	click the Submit button to	submit your re	quest	
*Priority: *Make appointment for:				
*Preferred date/time:				
Preveneu satey sines	to	2		
Alternate date/time:	V to	4		
Disclaimen: If this is a tru call your nearest hospital	e medical emergency plea or medical practice.	se contact yo	sur Energency Medical Services (911), or	
	appointments, please call	the office at (8081 259-7948	
* For urgent or same day				

- Select the appropriate **Practice**
- Select the appropriate **Provider**
- Select Category for the type of visit
- Select Location
- Under Submit Request, type in the Reason of the visit
- Select **Priority**, and determine the importance of the visit

• Select **Make Appointment**, choose the timeframe you prefer to have your appointment

Select **Preferred date/time** Choose the timeframe you prefer to have your appointment

Select the **Day**, you would like to have your appointment.

If this is an emergency, please call 911. We will make every attempt to

schedule your appointment based upon your preference. When an appointment has been scheduled, you will receive an email suggesting to review the information in your inbox on the portal. You will also receive a reminder email 7 days before your scheduled appointment.



My Chart

Pertains to your health record. If your chart is blank, you will need to Request your Health Record.

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Request Health Record

From **My Chart**, scroll down to **Request Health Record**. We recommend all patients to request a copy of their Personal Health Record to see what your chart is and discuss any discrepancies with your Primary Care Provider

Request	Personal	Health	Record
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) Select Practice and Pa	tient
lease select the medical p	ractice and the person on which behalf the request will be sent to the practice.
*Practice:	Waimanalo Health Center
!) Select Chart Date Nease select the medical p	ractice and the person on which behalf the request will be sent to the practice.
• Chart Date:	Ali
This disclaimer m	essage will be presented to users in NextMD's Personal Health Record Module.
	Submit

Click **Submit** if the practice and chart date is correct. You will receive your health record in a few days in your portal inbox. This is a system generated and no notification of the request is sent to your provider. In your inbox, the document can be downloaded and saved. It will include: allergies, medications, problems, procedures, results, family history, vital signs and other information pertaining to your health record.