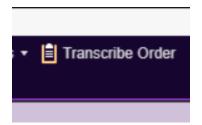


Milliken Hand Rehabilitation Center

EPIC Referral Instructions To Milliken Hand Rehabilitation Center:

Click: transcribe order from the patient's chart



Go to bottom of the screen and click: Add order



Choose "Ambulatory referral to Hand Therapy/Milliken—type: Referral, code: REF127"



Select "Washington University all locations" for Performing Region



Washington University School of Medicine in St. Louis

Milliken Hand Rehabilitation Center

Ambulatory referral order to Hand Therapy -								✓ Accep	t X Ca	incel	
Status:	Normal Standi	ng Future									^
	Expected Date:	2/16/2024	曲	Today	Tomorrow	1 Week	2 Weeks 3	Weeks	✓	Approx.	
				4 Week	s 1 Month	2 Months	3 Months	6 Months			
				1 Year							
	Expires:	5/16/2024	勘	1 Month	2 Months	3 Months	4 Months	6 Months	1 Year		
				18 Mon	ths						
Priority:	Routine Urgen	t									
Reason for Referral:	PT/OT Evaluate and Treat										
Reason for Visit											
Therapy options discussed with patient?											
♠ Location provided for th	Yes No										
E Location provided for th	Patient requested/Patient preferred										
Please select the performing region:											
^	Washington Unive	ersity (All Locations)								٥	
⚠ To provider:	Q										
# of visits:	24										
Comments:	⊕ ab\$ 5 c² ? • • • • • • • • • • • • • • • • • •										
i č											
											*
Next Required UNKNOWN		5							✓ <u>A</u> ccep	t X Ca	incel

Enter the following information into the Comments section:

Diagnosis: ***
Date of onset:

Surgery:

Frequency/Duration: ***

Next MD Visit:

OT/PT Evaluate and Treat: ***

Orthosis Specifications:

Purpose of orthosis: To support affected structures

Restrictions: