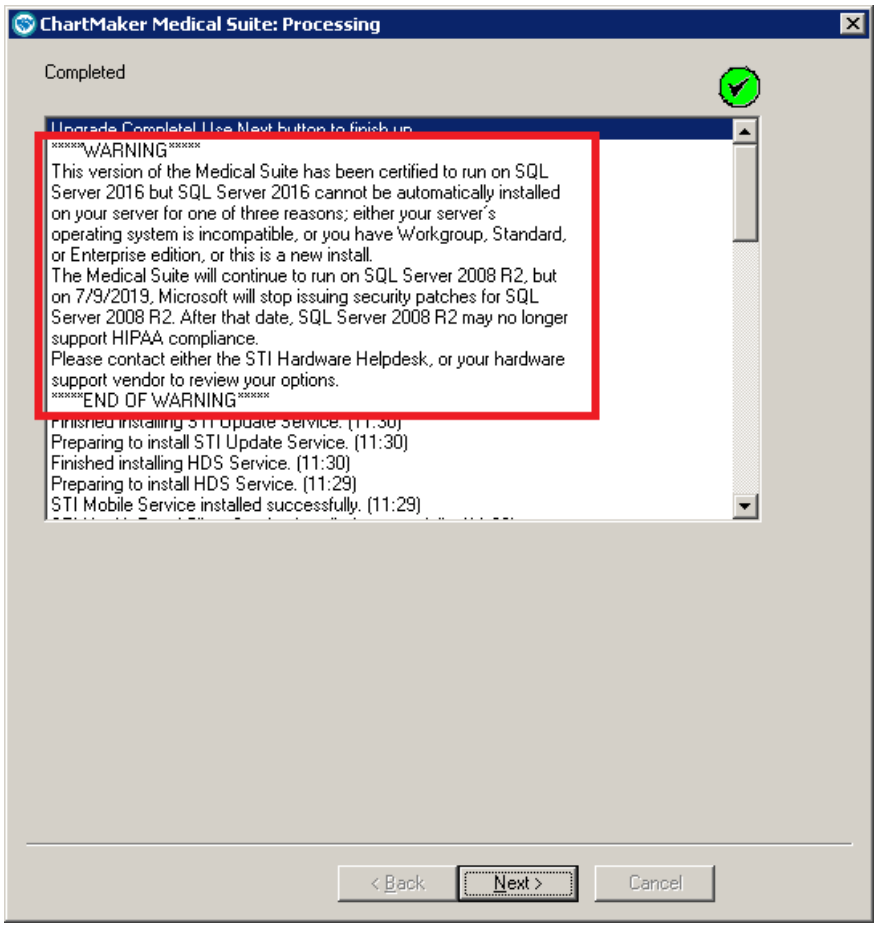
ChartMaker® Clinical Release Notes

ChartMaker® 2018.2 (fv6.5.7)

Important Notifications

- **Upgrade from Microsoft Server 2008 and Windows 7 –** Since January 2020, your Windows 7 workstations and Microsoft 2008 Servers are no longer supported. Even with security patches, **problems may still arise** if you choose not to upgrade. In addition, your workstations are not HIPAA compliant. To avoid these issues, contact our **Technical Services Department** today.

- **SQL Server 2016 & the ChartMaker 2018.2 (File Version 6.3.3) Upgrade –** Beginning with ChartMaker 2018.2 (File Version 6.3.3) Upgrade, a warning message will appear upon the completion of the upgrade regarding the transition of the ChartMaker Medical Suite to using SQL Server 2016, for those offices where an automated upgrade to SQL Server 2016 was not possible. See the figure below. If you are receiving this message, to avoid potential issues and to ensure your system remains HIPPA compliant, it is important to contact either STI Hardware Helpdesk, or your software vendor, to review your options.



ChartMaker Medical Suite SQL Server 2016 Warning

Added Features

- **Audit Trail –** The Audit Trail has been updated to track whenever a chart template is deleted in the Template Editor. When an audit event occurs, the Event column will display **Deleted**; the Group column will display **Template**; and the Audit Trail Description will display the **[Template Name]**; and the Metadata column will contain **Template ID** (in the Note ID).

- **Audit Trail –** The Audit Trail has been updated to track whenever a section label has been deleted from the Section Label Management dialog in the Template Editor. When an audit event occurs, the Event column will display **Deleted**; the Group column will display **Template**; and the Audit Trail Description will display **C-CDA section label: [Section Label Name]** or **Letter section label: [Section Label Name]**.

- **Direct Messaging –** In previous versions, an issue could arise if a direct message was sent to an inactivated provider where an error message would then appear then in that provider's To-Do List. This issue has been corrected.

- **Direct Messaging – Direct Message Import –** In previous versions an issue could arise when importing direct messages into the system where the patient's contact phone number is appearing in the provider's and sender's contact information sections. This issue has been corrected.

- **Export – Export Patient Data –** The system has been updated so that when accessing the Export Patient Data dialog, from either inside or outside a patient's chart, the **Note Selection** drop-down field will default to **Progress Note**. See Figure 1.

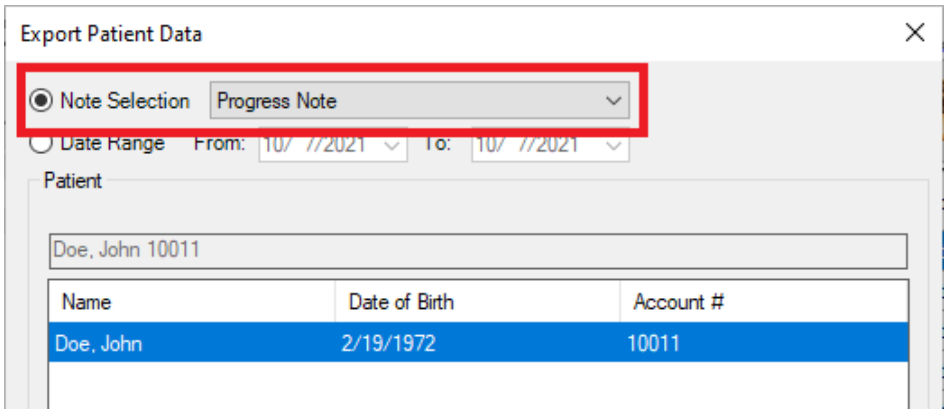


Figure 1 – Export Patient Data

- **Export – Export Patient Data – Clinical Summary/Cardiology/Unknown –** The **Clinical Summary** (accessed via the Note Selection field in the Export Patient Data dialog), **Cardiology Report**, and **Unknown** Note Summary (accessed when tagging a chart note via the Document Type button in the Note Header) have been updated to include any information included between the following note section tags: **Results**, **Chief Complaint**, **Social History**, **Reason for Referral**, **Functional Status**, **Mental Status**, **Medical Equipment**, **Assessment**, **Health Concerns**, and **Plan of Treatment**. The data from these note sections will appear in the corresponding sections of the CCDA export file. Do note, that any information that appears between the start and end tags of note sections from Grids, Signature (Topaz) widget, Embedded Objects/Files, Confidential button, Image for Markup Control, OLE Objects, Diagrams, or any images in general, and any formatting options that are used at bottom of note header will not be saved in the database as structured data or be included in the CCDA export. See Appendix below for details on the contents of each document type.

Added Features (continued)

- **Export – Export Patient Data – Consultation Note –** The **Consultation Note** (accessed via the Note Selection field in the Export Patient Data dialog or when tagging a chart note via the Document Type button in the Note Header) has been updated to include any information included between the following note section tags: **Assessment**, **Review of Systems**, **Chief Complaint**, **Reason for Visit**, **History of Present Illness**, **General Status**, **Plan of Treatment**, **Medical Equipment**, **Nutrition**, **Functional Status**, **Mental Status**, **Results**, **Past Medical History**, **Social History**, and **Advance Directives**. The data from these note sections will appear in the corresponding sections of the CCDA export file. Do note, that any information that appears between the start and end tags of note sections from Grids, Signature (Topaz) widget, Embedded Objects/Files, Confidential button, Image for Markup Control, OLE Objects, Diagrams, or any images in general, and any formatting options that are used at bottom of note header will not be saved in the database as structured data or be included in the CCDA export. See Appendix below for details on the contents of each document type.

- **Export – Export Patient Data – Discharge Summary –** The **Discharge Summary** (accessed via the Note Selection field in the Export Patient Data dialog or when tagging a chart note via the Document Type button in the Note Header) has been updated to include any information included between the following note section tags: **Review of Systems**, **Chief Complaint**, **Reason for Visit**, **History of Present Illness**, **Hospital Course**, **Plan of Treatment**, **Nutrition**, **Functional Status**, **Past Medical History**, and **Social History**. The data from these note sections will appear in the corresponding sections of the CCDA export file. Do note, that any information that appears between the start and end tags of note sections from Grids, Signature (Topaz) widget, Embedded Objects/Files, Confidential button, Image for Markup Control, OLE Objects, Diagrams, or any images in general, and any formatting options that are used at bottom of note header will not be saved in the database as structured data or be included in the CCDA export. See Appendix below for details on the contents of each document type.

- **Export – Export Patient Data – History and Physical Note –** The **History and Physical Note** (accessed via the Note Selection field in the Export Patient Data dialog or when tagging a chart note via the Document Type button in the Note Header) has been updated to include any information included between the following note section tags: **Assessment**, **Review of Systems**, **Chief Complaint**, **Reason for Visit**, **History of Present Illness**, **General Status**, **Plan of Treatment**, **Results**, **Past Medical History**, **Physical Exam**, and **Social History**. The data from these note sections will appear in the corresponding sections of the CCDA export file. Do note, that any information that appears between the start and end tags of note sections from Grids, Signature (Topaz) widget, Embedded Objects/Files, Confidential button, Image for Markup Control, OLE Objects, Diagrams, or any images in general, and any formatting options that are used at bottom of note header will not be saved in the database as structured data or be included in the CCDA export. See Appendix below for details on the contents of each document type.

- **Export – Export Patient Data – Imaging Narrative/Radiology Report –** The **Imaging Narrative** (accessed via the Note Selection field in the Export Patient Data dialog) and **Radiology Report** (accessed when tagging a chart note via the Document Type button in the Note Header) have been updated to include any information included between the following note section tag: **Imaging Narrative**. The data from these note sections will appear in the corresponding sections of the CCDA export file. Do note, that any information that appears between the start and end tags of note sections from Grids, Signature (Topaz) widget, Embedded Objects/Files, Confidential button, Image for Markup Control, OLE Objects, Diagrams, or any images in general, and any formatting options that are used at bottom of note header will not be saved in the database as structured data or be included in the CCDA export. See Appendix below for details on the contents of each document type.

- **Export – Export Patient Data – Lab Report Narrative –** The **Lab Report Narrative** (accessed via the Note Selection field in the Export Patient Data dialog) has been updated to include any information included between the following note section tag: **Lab Report Narrative**. The data from these note sections will appear in the corresponding sections of the CCDA export file. Do note, that any information that appears between the start and end tags of note sections from Grids, Signature (Topaz) widget, Embedded Objects/Files, Confidential button, Image for Markup Control, OLE Objects, Diagrams, or any images in general, and any formatting options that are used at bottom of note header will not be saved in the database as structured data or be included in the CCDA export. See Appendix below for details on the contents of each document type.

Added Features (continued)

- **Export – Export Patient Data – Pathology Report Narrative/Pathology Report –** The **Pathology Report Narrative** (accessed via the Note Selection field in the Export Patient Data dialog) and **Pathology Report** (accessed when tagging a chart note via the Document Type button in the Note Header) have been updated to include any information included between the following note section tag: **Pathology Report Narrative**. The data from these note sections will appear in the corresponding sections of the CCDA export file. Do note, that any information that appears between the start and end tags of note sections from Grids, Signature (Topaz) widget, Embedded Objects/Files, Confidential button, Image for Markup Control, OLE Objects, Diagrams, or any images in general, and any formatting options that are used at bottom of note header will not be saved in the database as structured data or be included in the CCDA export. See Appendix below for details on the contents of each document type.

- **Export – Export Patient Data – Procedure Note –** The **Procedure Note** (accessed via the Note Selection field in the Export Patient Data dialog or when tagging a chart note via the Document Type button in the Note Header) has been updated to include any information included between the following note section tags: **Assessment**, **Review of Systems**, **Chief Complaint**, **Reason for Visit**, **History of Present Illness**, **Procedure Description**, **Plan of Treatment**, **Procedure Indications**, **Anesthesia**, **Complications**, **Past Medical History**, **Procedure Findings**, **Physical Exam**, and **Social History**. The data from these note sections will appear in the corresponding sections of the CCDA export file. Do note, that any information that appears between the start and end tags of note sections from Grids, Signature (Topaz) widget, Embedded Objects/Files, Confidential button, Image for Markup Control, OLE Objects, Diagrams, or any images in general, and any formatting options that are used at bottom of note header will not be saved in the database as structured data or be included in the CCDA export. See Appendix below for details on the contents of each document type.

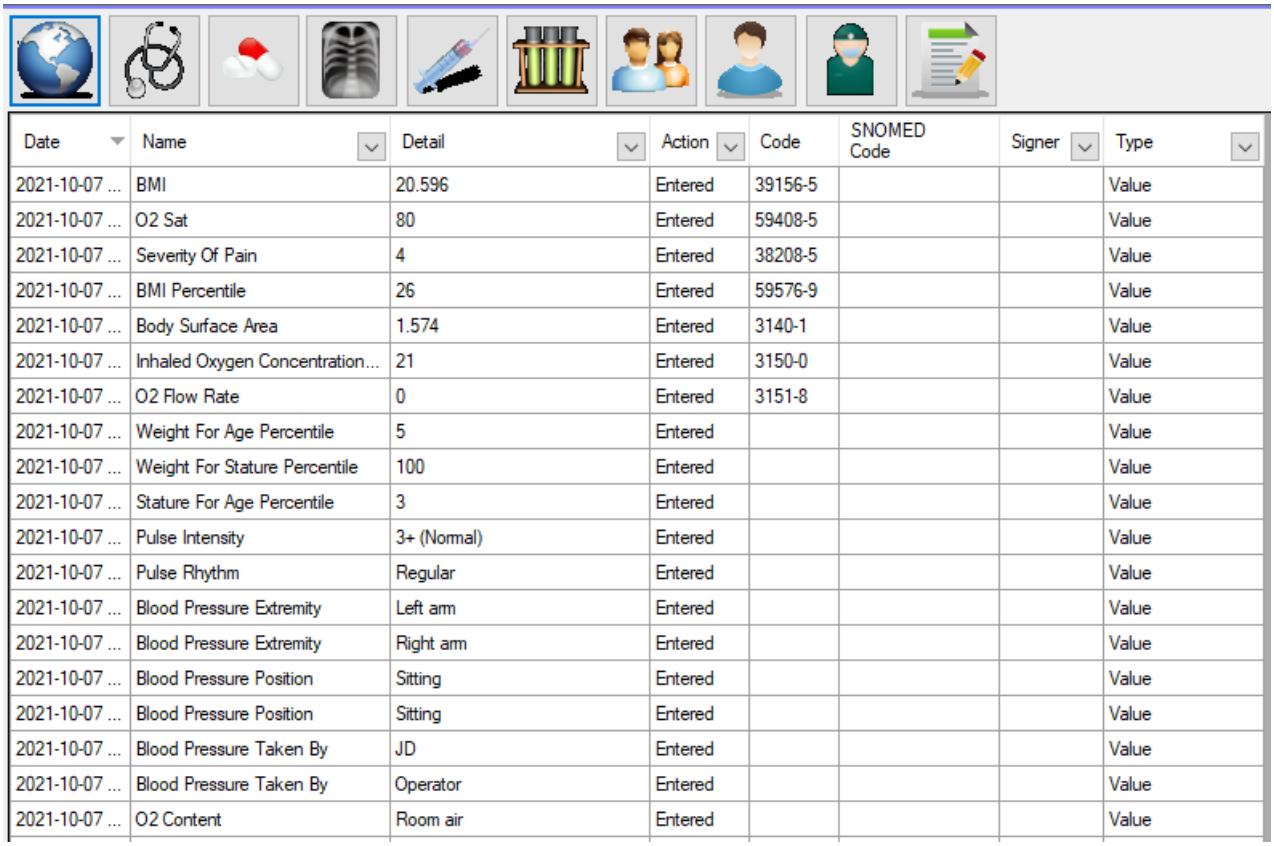
- **Export – Export Patient Data – Progress Note –** The **Progress Note** (accessed via the Note Selection field in the Export Patient Data dialog or when tagging a chart note via the Document Type button in the Note Header) has been updated to include any information included between the following note section tags: **Assessment**, **Review of Systems**, **Chief Complaint**, **Objective**, **Subjective**, **Plan of Treatment**, **Nutrition**, **Instructions, Results**, **Physical Exam**, and **Interventions**. The data from these note sections will appear in the corresponding sections of the CCDA export file. Do note, that any information that appears between the start and end tags of note sections from Grids, Signature (Topaz) widget, Embedded Objects/Files, Confidential button, Image for Markup Control, OLE Objects, Diagrams, or any images in general, and any formatting options that are used at bottom of note header will not be saved in the database as structured data or be included in the CCDA export. See Appendix below for details on the contents of each document type.

- **Export – Export Patient Data – Referral Summary/Referral Note –** The **Referral Summary** (accessed via the Note Selection field in the Export Patient Data dialog) and the **Referral Note** (accessed when tagging a chart note via the Document Type button in the Note Header) have been updated to include any information included between the following note section tags: **Assessment**, **Review of Systems**, **History of Present Illness**, **General Status**, **Plan of Treatment**, **Medical Equipment**, **Nutrition**, **Functional Status**, **Reason for Referral**, **Mental Status**, **Results**, **Past Medical History**, **Physical Exam**, **Social History**, and **Advance Directives**. The data from these note sections will appear in the corresponding sections of the CCDA export file. Do note, that any information that appears between the start and end tags of note sections from Grids, Signature (Topaz) widget, Embedded Objects/Files, Confidential button, Image for Markup Control, OLE Objects, Diagrams, or any images in general, and any formatting options that are used at bottom of note header will not be saved in the database as structured data or be included in the CCDA export. See Appendix below for details on the contents of each document type.

- **Export – Export Patient Data – Note PDF –** As part of the compliance with the requirements against Information Blocking as outlined in the 21st Century Cures Act (21CCA), the system has been updated to export PDF copies of Document Import chart notes that contain embedded CCDA information to the patient's ChartMaker® PatientPortal, when signing that note if the **Release to Patient** option is checked in the Note Header.

Added Features (continued)

- **History Tab – All –** The All (General) area of the History tab has been updated to display a **Pulse Intensity**, **Pulse Rhythm**, **Blood Pressure Extremity**, **Blood Pressure Position**, **Blood Pressure Taken By**, **O2 Content**, **O2 Flow Rate**, **Stature for Age Percentile**, **Length for Age Percentile**, **Weight for Length Percentile**, **Weight for Age Percentile**, **Weight for Stature Percentile**, **BMI for Age Percentile**, and/or a **Head Circumference for Age Percentile** entry whenever a value is configured, or percentile calculated, in the Vital Signs Entry dialog. See Figure 2. Any LOINC and SNOMED Codes will also appear for these entries, if applicable.

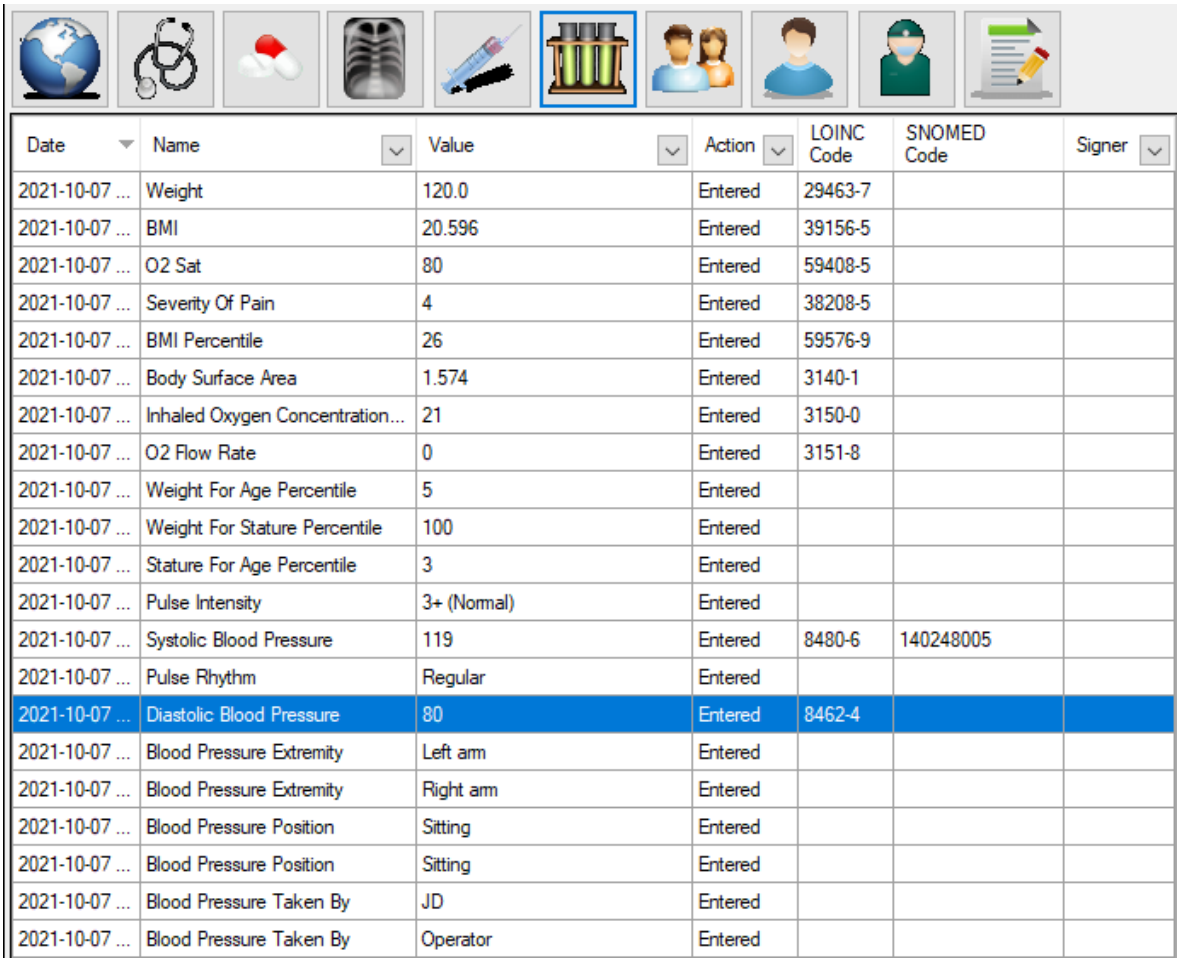


Date	Name	Detail	Action	Code	SNOMED Code	Signer	Type
2021-10-07 ...	BMI	20.596	Entered	39156-5			Value
2021-10-07 ...	O2 Sat	80	Entered	59408-5			Value
2021-10-07 ...	Severity Of Pain	4	Entered	38208-5			Value
2021-10-07 ...	BMI Percentile	26	Entered	59576-9			Value
2021-10-07 ...	Body Surface Area	1.574	Entered	3140-1			Value
2021-10-07 ...	Inhaled Oxygen Concentration...	21	Entered	3150-0			Value
2021-10-07 ...	O2 Flow Rate	0	Entered	3151-8			Value
2021-10-07 ...	Weight For Age Percentile	5	Entered				Value
2021-10-07 ...	Weight For Stature Percentile	100	Entered				Value
2021-10-07 ...	Stature For Age Percentile	3	Entered				Value
2021-10-07 ...	Pulse Intensity	3+ (Normal)	Entered				Value
2021-10-07 ...	Pulse Rhythm	Regular	Entered				Value
2021-10-07 ...	Blood Pressure Extremity	Left arm	Entered				Value
2021-10-07 ...	Blood Pressure Extremity	Right arm	Entered				Value
2021-10-07 ...	Blood Pressure Position	Sitting	Entered				Value
2021-10-07 ...	Blood Pressure Position	Sitting	Entered				Value
2021-10-07 ...	Blood Pressure Taken By	JD	Entered				Value
2021-10-07 ...	Blood Pressure Taken By	Operator	Entered				Value
2021-10-07 ...	O2 Content	Room air	Entered				Value

Figure 2 – History Tab – All

Added Features (continued)

- **History Tab – Results –** The Results area of the History tab has been updated to display a **Pulse Intensity**, **Pulse Rhythm**, **Blood Pressure Extremity**, **Blood Pressure Position**, **Blood Pressure Taken By**, **O2 Content**, **O2 Flow Rate**, **Stature for Age Percentile**, **Length for Age Percentile**, **Weight for Length Percentile**, **Weight for Age Percentile**, **Weight for Stature Percentile**, **BMI for Age Percentile**, and/or a **Head Circumference for Age Percentile** entry whenever a value is configured, or percentile calculated, in the Vital Signs Entry dialog. See Figure 3. Any LOINC and SNOMED Codes will also appear for these entries, if applicable.



Date	Name	Value	Action	LOINC Code	SNOMED Code	Signer
2021-10-07 ...	Weight	120.0	Entered	29463-7		
2021-10-07 ...	BMI	20.596	Entered	39156-5		
2021-10-07 ...	O2 Sat	80	Entered	59408-5		
2021-10-07 ...	Severity Of Pain	4	Entered	38208-5		
2021-10-07 ...	BMI Percentile	26	Entered	59576-9		
2021-10-07 ...	Body Surface Area	1.574	Entered	3140-1		
2021-10-07 ...	Inhaled Oxygen Concentration...	21	Entered	3150-0		
2021-10-07 ...	O2 Flow Rate	0	Entered	3151-8		
2021-10-07 ...	Weight For Age Percentile	5	Entered			
2021-10-07 ...	Weight For Stature Percentile	100	Entered			
2021-10-07 ...	Stature For Age Percentile	3	Entered			
2021-10-07 ...	Pulse Intensity	3+ (Normal)	Entered			
2021-10-07 ...	Systolic Blood Pressure	119	Entered	8480-6	140248005	
2021-10-07 ...	Pulse Rhythm	Regular	Entered			
2021-10-07 ...	Diastolic Blood Pressure	80	Entered	8462-4		
2021-10-07 ...	Blood Pressure Extremity	Left arm	Entered			
2021-10-07 ...	Blood Pressure Extremity	Right arm	Entered			
2021-10-07 ...	Blood Pressure Position	Sitting	Entered			
2021-10-07 ...	Blood Pressure Position	Sitting	Entered			
2021-10-07 ...	Blood Pressure Taken By	JD	Entered			
2021-10-07 ...	Blood Pressure Taken By	Operator	Entered			

Figure 3 – History Tab – Results

Added Features (continued)

- **The Note Tab – Note Sections –** The system has been updated so that whenever a note section is added to chart template via the template editor (see the Template Editing – Note Section entry below), any text output (whether generated from a widget or free-text) between the start and end tag of that section label, will be saved to the database as structured data and will be included in any applicable CCDA exports for the corresponding document types. See Figure 4. Do note, that any information that appears between the start and end tags of note sections from Grids, Signature (Topaz) widget, Embedded Objects/Files, Confidential button, Image for Markup Control, OLE Objects, Diagrams (or any images in general), and any formatting options that are used at bottom of note header will not be saved in the database as structured data or be included in the CCDA export. See Appendix below for details on the contents of each document type.

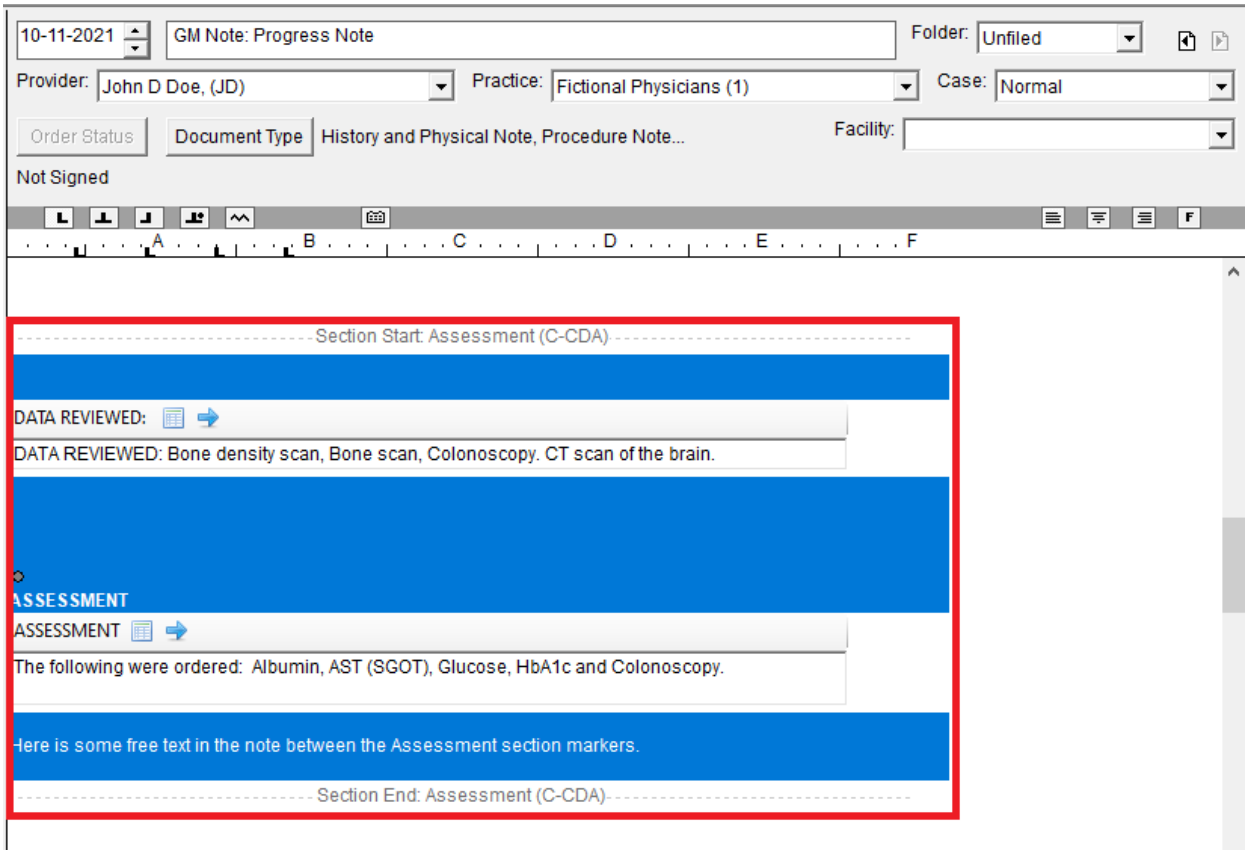


Figure 4 – Chart Note – Assessment Section

- **The Note Tab – Order Procedure – Immunizations* –** The program has been updated to ensure that the latest CVX codes and CVX mappings, MVX codes and MVX mappings, Manufacturers, and NDC codes, per the latest CDC guidelines, are used for immunization procedures.

  * This feature was released in the CMMS 6.5.7.372 hot fix release.

- **The Note Tab – Vitals –** The system has been updated so that any data configured in the Additional Information column of the Vital Signs Entry dialog for Pulse and Pulse 2 (**Intensity** and **Rhythm**), Blood Pressure 1 and Blood Pressure 2 (**Extremity**, **Position**, and **Taken By**), and Oxygen Saturation (**Oxygen Content** and **Oxygen Flow Rate**) will be saved as structured data in the database. Likewise, any percentile calculations that appear in the Additional Information column for Height (**Stature for age (2 - 20)**), Length (**Length for age (0 – 3)** and **Weight for length (0 – 3)**), Weight (**Weight for age (2 -20)** and **Weight for stature (2 – 20)**), BMI (**BMI for age (2 – 20)**), and Head Circumference (**Head circumference for age (0 – 3)**) will also be saved as structured data in the database. See Figure 5. Also, these values and percentile calculations will appear in the **All** (General) and **Results** areas of the History tab.

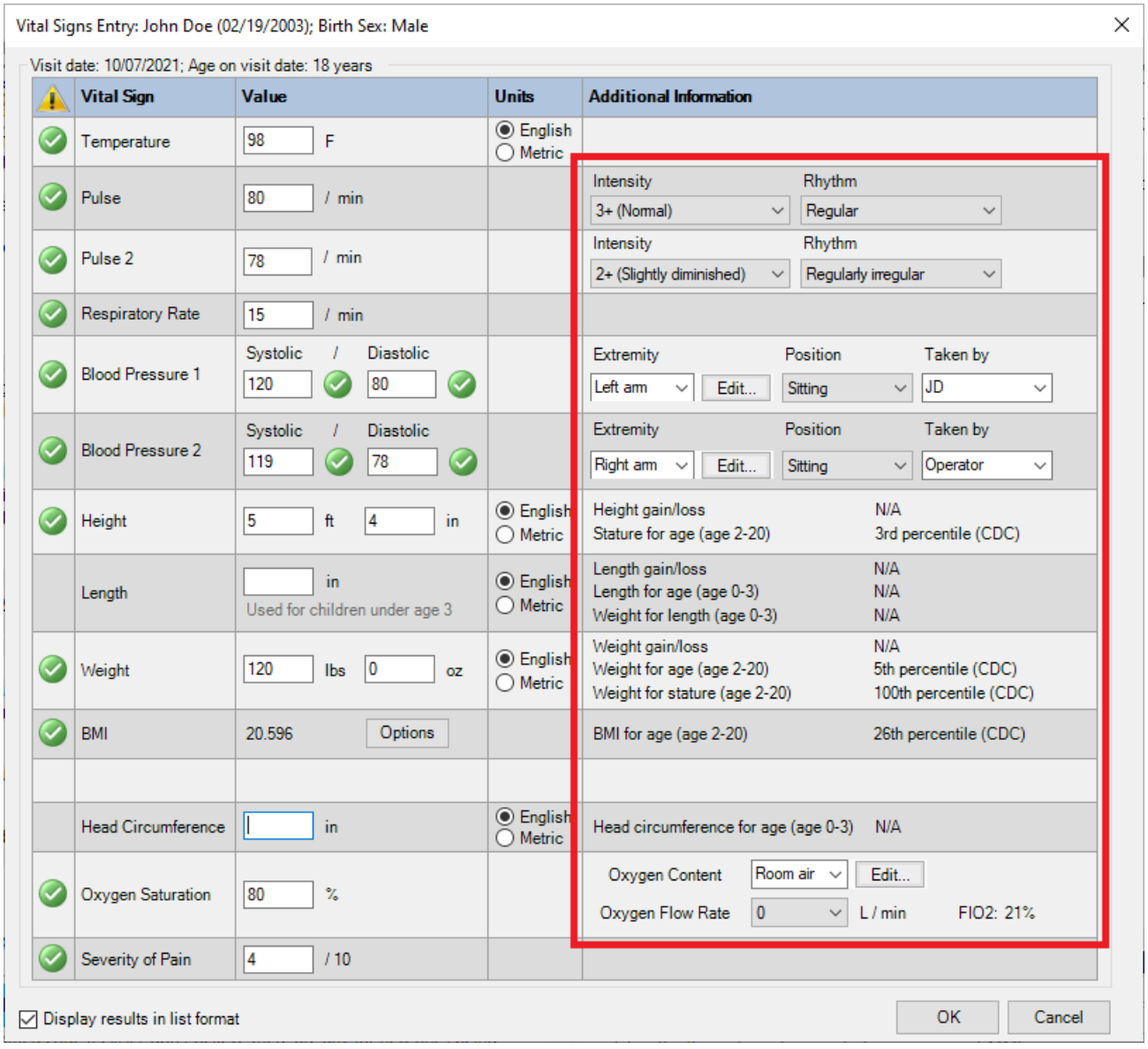


Figure 5 – Vital Signs Entry

- **Template Editing – Note Section –** In an effort to provide an alternative solution to help you comply with the requirements against Information Blocking as outlined in the 21st Century Cures Act (21CCA), the **Note Section** template control has been updated to allow you to tag sections of a chart note with **C-CDA Section Labels** which will then be used when exporting C-CDA information to the patient's PatientPortal for the various Document Types when signing a note, manually exporting a note via the **Send note to Patient Access** option, or exporting a chart note via the Export Patient Data dialog.

  The **Section Label Management** dialog, accessed when using the Note Section control, has been updated with two new radio buttons: **Letter Section Labels** and **C-CDA Section Labels**. See Figure 6.

  When the **Letters Section Labels** option is selected, the various section labels used for tagging section of the chart note to be used when generating referral letters will be listed. This functionality works in a similar manner as in previous versions.

  When the **C-CDA Section Labels** option is selected, the various document sections will be listed allowing you to tag sections of a chart note as a particular type of data which will then be to be used to generate structured data for that note and saved to the database. This structured data will then be used when populating sections for the various Document Type files for the C-CDA export. These new sections labels work in a similar manner to the data types used to tag checklists via the Include As field.

  In the Section Label Management dialog, you can copy section labels (for example, if there are two separate sections of the chart note that should be tagged as Assessment, you can copy the system generated Assessment section, and use the original system section in one area and use the copy in another area of the chart note), as each section label can only be used once in a chart template. A copied section label is automatically associated with the CCDA section of the label it was copied from, and the name of the copy is system generated. You can also delete a copied section label, if needed. However, system generated section labels, those with an asterisk, cannot be deleted. The Delete option will only be activated for copied labels.

  Section labels can be added to a template by highlighting the section in the template that the section label should cover, then clicking the **Note Section** control option in the left menu, then selecting the CCDA Section Labels radio button, then highlighting the applicable section label, and then clicking the OK button; or, by placing the cursor in the location in the template, double-clicking the Note Section control option, then selecting the CCDA Section Labels radio button, then highlighting the applicable section label, and then clicking the OK button, and then clicking and dragging the start/end tag to desired location in the note. Different section labels can overlap and can be embedded in other section labels, if needed. Once a section label has been added to the template, it can be removed by deleting either the Start tag or the End tab for the section, deleting one will automatically delete the other.

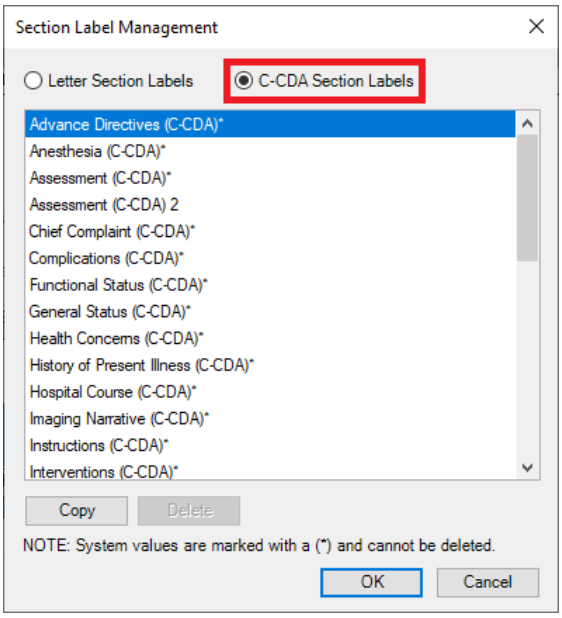


Figure 6 – Screening Selection

Appendix

CCDA Document Type Contents

The following lists the CCDA contents for the various Document Types that are can be manually exported via the Export Patient Data area or are generated and exported when a chart note is signed should the applicable type be selected in the Note Header.

Consultation Note

- Assessment
    - Assessment note section
    - Checklist include as Assessment
    - Care plan widget – Impression
- Review of Systems
    - Review of Systems note section
    - Checklist include as Review of Systems
- Chief Complaint
    - Chief Complaint note section
    - Chief Complaint Widget
- Reason for Visit
    - Reason for Visit note section
    - Appointment reason code, if appointment is for patient on note date for the practice and provider in note header if filled in. If multiple appointments for patient on same day as note, use the time on the note to get correct appointment.
- History of Present Illness
    - History of Present Illness note section
    - Checklist include as HPI
- General Status
    - General Status note section
    - Checklist include as General Status
- Medications
    - Medication widget
- Plan of Treatment
    - Plan of Treatment note section
    - Educational Materials
    - Checklist goals
    - Checklist instructions
    - Recalls
    - Future appointments
    - In house and out of house orders
    - Checklist Plan of Treatment
- Medical Equipment
    - Medical Equipment note section
    - Implantable Devices Widget (only verified implants)
    - Checklist include as Medical Equipment
- Nutrition
    - Nutrition note section
    - Checklist include as Nutrition
- Procedures
    - Procedure Widget
- Functional Status
    - Functional Status note section
    - Checklist include as Functional Status
- Mental Status
    - Mental Status note section
    - Checklist include as Cognitive Status
- Immunizations
    - Procedure Widget, use procedure marked as immunization

- Results
    - Results note section
    - Numeric Widget with condition(i.e., Hba1c)
- Past Medical History
    - Past Medical History note section
    - Checklist include as Past Medical History
- Vitals
    - Vitals Widget
- Problems
    - Diagnosis Widget
- Social History
    - Social History note section
    - Smoking History Widget
- Advance Directives
    - Advance Directive note section
    - Advanced Directive button patient id tab
- Family History
    - Family History Widget
- Allergies
    - Allergy Widget

Discharge Summary Note

- Review of Systems
    - Review of Systems note section
    - Checklist include as Review of Systems
- Chief Complaint
    - Chief Complaint note section
    - Chief Complaint Widget
- Reason for Visit
    - Reason for Visit note section
    - Appointment reason code, if appointment is for patient on note date for the practice and provider in note header if filled in. If multiple appointments for patient on same day as note, use the time on the note to get correct appointment.
- History of Present Illness
    - History of Present Illness note section
    - Checklist include as HPI
- Hospital Course
    - Hospital Course note section
    - Checklist include as Hospital Course
- Plan of Treatment
    - Plan of Treatment note section
    - Educational Materials
    - Checklist goals
    - Checklist instructions
    - Recalls
    - Future appointments
    - In house and out of house orders
    - Checklist Plan of Treatment
- Nutrition
    - Nutrition note section
    - Checklist include as Nutrition
- Procedures
    - Procedure Widget
- Functional Status
    - Functional Status note section
    - Checklist include as Functional Status
- Immunizations
    - Procedure Widget, use procedure marked as immunization

- Hospital Discharge Diagnosis
    - Diagnosis Widget
- Past Medical History
    - Past Medical History note section
    - Checklist include as Past Medical History
- Vitals
    - Vitals Widget
- Social History
    - Social History note section
    - Smoking History Widget
- Family History
    - Family History Widget
- Allergies
    - Allergy Widget

History and Physical Note

- Assessment
    - Assessment note section
    - Checklist include as Assessment
    - Care plan widget – Impression
- Review of Systems
    - Review of Systems note section
    - Checklist include as Review of Systems
- Chief Complaint
    - Chief Complaint note section
    - Chief Complaint Widget
- Reason for Visit
    - Reason for Visit note section
    - Appointment reason code, if appointment is for patient on note date for the practice and provider in note header if filled in. If multiple appointments for patient on same day as note, use the time on the note to get correct appointment.
- History of Present Illness
    - History of Present Illness note section
    - Checklist include as HPI
- General Status
    - General Status note section
    - Checklist include as General Status
- Medications
    - Medication widget
- Plan of Treatment
    - Plan of Treatment note section
    - Educational Materials
    - Checklist goals
    - Checklist instructions
    - Recalls
    - Future appointments
    - In house and out of house orders
    - Checklist Plan of Treatment
- Procedures
    - Procedure Widget
- Immunizations
    - Procedure Widget
- Results
    - Results note section
    - Numeric Widget with condition(i.e., Hba1c)
- Past Medical History
    - Past Medical History note section
    - Checklist include as Past Medical History

- Vitals
    - Vitals Widget
- Problems
    - Diagnosis Widget
- Physical Exam
    - Physical Exam note section
    - Checklist include as Physical Exam
- Social History
    - Social History note section
    - Smoking History Widget
- Family History
    - Family History Widget
- Allergies
    - Allergy Widget

Procedure Note

- Assessment
    - Assessment note section
    - Checklist include as Assessment
    - Care plan widget – Impression
- Review of Systems
    - Review of Systems note section
    - Checklist include as Review of Systems
- Chief Complaint
    - Chief Complaint note section
    - Chief Complaint Widget
- Reason for Visit
    - Reason for Visit note section
    - Appointment reason code, if appointment is for patient on note date for the practice and provider in note header if filled in. If multiple appointments for patient on same day as note, use the time on the note to get correct appointment.
- History of Present Illness
    - History of Present Illness note section
    - Checklist include as HPI
- Procedure Description
    - Procedure Description note section
    - Checklist include as Procedure Description
- Medications
    - Medication widget
- Medications Administered - (Based on meds being tagged as administered during visit)
    - Medication widget
- Plan of Treatment
    - Plan of Treatment note section
    - Educational Materials
    - Checklist goals
    - Checklist instructions
    - Recalls
    - Future appointments
    - In house and out of house orders
    - Checklist Plan of Treatment
- Procedure Indications
    - Procedure Indications note section
    - Checklist include as Procedure Indications
- Anesthesia
    - Anesthesia note section
    - Checklist include as Anesthesia
- Procedures
    - Procedure widget

- Complications
    - Complications note section
    - Checklist include as Complications
- Past Medical History
    - Past Medical History note section
    - Checklist include as Past Medical History
- Procedure Findings
    - Procedure Findings note section
    - Checklist include as Procedure Findings
- Post Procedure Diagnosis
    - Checklist include as Interventions
- Physical Exam
    - Physical Exam note section
    - Checklist include as Physical Exam
- Social History
    - Social History note section
    - Smoking History Widget
- Family History
    - Family History Widget
- Allergies
    - Allergies Widget

Progress Note

- Assessment
    - Assessment note section
    - Checklist include as Assessment
    - Care plan widget – Impression
- Review of Systems
    - Review of Systems note section
    - Checklist include as Review of Systems
- Chief Complaint
    - Chief Complaint note section
    - Chief Complaint Widget
- Objective
    - Objective note section
    - Checklist include as Objective
- Subjective
    - Subjective note section
    - Checklist include as Subjective
- Medications Section
    - Medication widget
- Plan of Treatment
    - Plan of Treatment note section
    - Educational Materials
    - Checklist goals
    - Checklist instructions
    - Recalls
    - Future appointments
    - In house and out of house orders
    - Checklist Plan of Treatment
- Nutrition
    - Nutrition note section
    - Checklist include as Nutrition
- Instructions
    - Instructions note section
    - Checklist include as Clinical Instructions (include in plan of treatment)
- Results
    - Results note section
    - Numeric Widget with condition(i.e., Hba1c)

- Vital Signs
    - Vitals Widget
- Problem Section
    - Diagnosis Widget
- Physical Exam
    - Physical Exam note section
    - Checklist include as Physical Exam
- Interventions
    - Interventions note section
    - Checklist include as Interventions
- Allergies
    - Allergy widget

Referral Note/Summary

- Assessment
    - Assessment note section
    - Checklist include as Assessment
    - Care plan widget – Impression
- Review of Systems
    - Review of Systems note section
    - Checklist include as Review of Systems
- History of Present Illness
    - History of Present Illness note section
    - Checklist include as HPI
- General Status
    - General Status note section
    - Checklist include as General Status
- Medications
    - Medication widget
- Plan of Treatment
    - Plan of Treatment note section
    - Educational Materials
    - Checklist goals
    - Checklist instructions
    - Recalls
    - Future appointments
    - In house and out of house orders
    - Checklist Plan of Treatment
- Medical Equipment
    - Medical Equipment note section
    - Implantable Devices Widget (only verified implants)
    - Checklist include as Medical Equipment
- Nutrition
    - Nutrition note section
    - Checklist include as Nutrition
- Procedures
    - Procedure Widget
- Functional Status
    - Functional Status note section
    - Checklist include as Functional Status
- Reason for Referral
    - Reason for Referral note section
    - Referral Widget
- Mental Status
    - Mental Status note section
    - Checklist include as Cognitive Status
- Immunizations
    - Procedure Widget, use procedure marked as immunization

- Results
    - Results note section
    - Numeric Widget with condition(i.e., Hba1c)
- Past Medical History
    - Past Medical History note section
    - Checklist include as Past Medical History
- Vitals
    - Vitals Widget
- Problems
    - Diagnosis Widget
- Physical Exam
    - Physical Exam note section
    - Checklist include as Physical Exam
- Social History
    - Social History note section
    - Smoking History Widget
- Advance Directives
    - Advance Directive note section
    - Advanced Directive button patient id tab
- Family History
    - Family History Widget
- Allergies
    - Allergy Widget

Cardiology Report/Clinical Summary/Note Summary (Unknown)

- Allergies
    - Allergy Widget
- Medications
    - Medication Widget
- Problems
    - Diagnosis Widget
- Results
    - Results note section
    - Numeric Widget with condition(i.e., Hba1c)
- Chief Complaint
    - Chief Complaint note section
    - Chief Complaint Widget
- Procedures
    - Procedure Widget
- Vitals
    - Vitals Widget
- Immunizations
    - Procedure Widget
- Social History
    - Social History note section
    - Smoking History Widget
- Reason for Referral
    - Reason for Referral note section
    - Referral Widget
- Functional Status
    - Functional Status note section
    - Checklist include as Functional Status
- Mental Status
    - Mental Status note section
    - Checklist include as Cognitive Status
- Medical Equipment
    - Medical Equipment note section
    - Implantable Devices Widget (only verified implants)
    - Checklist include as Medical Equipment

- Assessment
    - Assessment note section
    - Checklist include as Assessment
    - Care plan widget – Impression
- Health Concerns
    - Health Concerns note section
    - Care Plan Widget - Health Concerns
- Plan of Treatment
    - Plan of Treatment note section
    - Educational Materials
    - Checklist goals
    - Checklist instructions
    - Recalls
    - Future appointments
    - In house and out of house orders
    - Checklist Plan of Treatment
- Encounters
    - Procedure Widget

Pathology Report Narrative/Pathology Report

- Pathology Report Narrative note section
- Checklist tagged as Pathology Report Narrative

Imaging Narrative/Radiology Report

- Imaging Narrative note section
- Checklist tagged as Imaging Narrative

Lab Report Narrative

- Lab Report Narrative note section
- Checklist tagged as Lab Report Narrative

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