

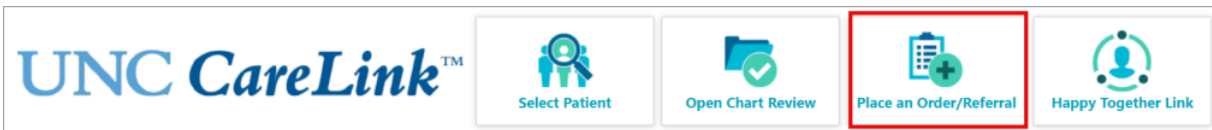
# UNC CareLink – Referral for Peripheral Nerve Program

This outlines the process on how providers can place an order in UNC CareLink and how to document in the Order Entry form for the Ambulatory Referral for Peripheral Nerve Program.

## Writing the Referral Order

**To write a referral order, follow these steps:**

1. After logging in, click on **Place an Order/Referral**.



2. **Select** the patient.

**NOTE:** To find a patient not on Patient List, see the “**Find patient not on patient list**” section below.

| %    | Patient Name | MRN          | ID Type | Sex | Birth Date | Address                                | SSN         |
|------|--------------|--------------|---------|-----|------------|--|-------------|
| 99.9 | JONES, FRED  | 100000482347 | MRN     | M   | 02/19/1977 | 222 Franklin St, Fayetteville NC 28305 | xxx-xx-6767 |

3. All clinics for which the user is associated within UNC CareLink display. **Select** the clinic from which the patient is being referred, if applicable.

4. **Select** the Authorizing Provider and click **Accept**.

**Order Entry**

Select a clinic and authorizing provider for this order.  
If this is a **stat** or **urgent** referral, please call the clinic or radiology directly in addition to sending this referral.

- **For Clinical Referrals:** Access clinic phone numbers by selecting Referrals/Claims > Referral by Member > Referral ID.
- **For Radiology Referrals:** Please visit [www.unchealthcare.org](http://www.unchealthcare.org) or call:

**Caldwell:** (828) 757-5497  
**Chatham:** (919) 799-4510  
**High Point:** (336) 878-6037  
**Johnston Health Clayton:** (919) 585-8450 **Johnston Health Smithfield:** (919) 938-7190  
**Rex:** (919) 784-3419  
**Pardee:** (828) 698-7979  
**UNC Medical Center:** (984) 974-1884

**Select Ordering Clinic**

Patient currently associated with:  
☐ Jeffers, Mann and Artman - Patient Group

Other options:  
☒ Coram Specialty Infusion  
☐ First Health Family Medicine  
☐ North State Medical Center

**Select Authorizing Provider**

**Accept**

1. On the Order Entry screen, enter **Ambulatory Referral for Orthopedic Surgery** on the New procedure field, the press **Enter**.

Order Entry

Preference List Dx Association

New procedure:

Unsigned new orders (0)

2. **Select** the type of referral, then click **Accept** when done.

**NOTE:** Referral orders display in alphabetical order.

Order Entry

ORTHO

| Name   | Type     | Pref List       | Px Code | Resulting Agencies |
|--|----------|-----------------|---------|--------------------|
| <input type="button" value="Home"/> Ambulatory referral to Orthodontics          | Referral | UNC CARELINK... | REF60   |                    |
| <input type="button" value="Home"/> Ambulatory referral to Orthopedic Surgery    | Referral | UNC CARELINK... | REF62   |                    |
| <input type="button" value="Home"/> Ambulatory referral to Pediatric Orthopedics | Referral | UNC CARELINK... | REF79   |                    |

## Complete the Order Entry Form:

1. On the To **Location** field, enter **UNC ORTHOPEDICS ACC CHAPEL HILL**.

Ambulatory referral to Orthopedic Surgery

Referral: Specialty: Orthopedic Surgery [27]  
 Location: UNC ORTHOPAEDICS ACC CHAPL  
 To provider:  
 Address:  
 Priority: Routine [1] ☒ Routine URGENT (2-7 ...)

Order Entry Edit Order

| Questions:   | Answer                   | Comment |
|--|--------------------------|---------|
| 1. Patient's Preferred Phone #   |                          |         |
| 2. Pre-Authorization #   |                          |         |
| 3. Requested follow up plan:   |                          |         |
| 4. Reason for referral:  | Peripheral Nerve Program |         |
| 5. If non-routine, reason for priority:  |                          |         |
| 6. Specific Service Requested: (For Spine Center referrals, please place order REF146 Ambulatory Referral to Spine Center) | Non-Joint                |         |
| Choose Non-Joint:  | Other                    |         |
| Please Explain:  | Peripheral Nerve Program |         |

Comment:

**NOTE:** Comments are not required but can be used to add any additional information as to why the patient is being referred.

2. Complete the Questions section at the bottom of the Order Entry form:

- Patient's Preferred Phone #: (Hover over the patient's name on the left-hand side to view current demographics information.)
- Reason for referral: **Peripheral Nerve Program**
- Specific Service Requested: **Non-Joint**
- Choose Non-joint: **Other**
- Please Explain: **Peripheral Nerve Program**

**NOTE:** Complete ALL required fields on the Questions section. **The "Reason for referral" is an important field for your workflow.**

3. Click **Accept** when done.

4. You return to the Order Entry window. The joined rings are an indication that the order was associated with a diagnosis, click **Sign Orders**.

The screenshot shows the Epic Order Entry interface. At the top, the window title is "Order Entry". Below it, there are tabs for "Preference List" and "Dx Association". A search bar for "New procedure:" is visible. The patient information at the top right reads "Holt, Terrence Edward, MD - The Cedars of C.". Under the heading "Unsigned new orders (1)", there is a single order: "Ambulatory referral to Dermatology". This order is marked as "Future Routine" with a red icon. A red arrow points to the "Future Routine" text. At the bottom right of the window, there is a button labeled "Sign Orders" with a green checkmark icon, which is highlighted by a red box.