

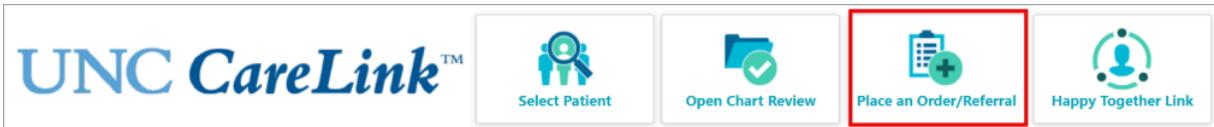
UNC CareLink – Referral for Peripheral Nerve Program

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.

The screenshot shows the 'Search My Patients' page. The search bar contains 'jones, fred'. The search results table shows a row for '99.9 JONES,FRED' with a blue highlight. A red arrow points to this row. Another red arrow points to the 'Name or MRN' search bar with the text 'Type in your patient's name.' A third red arrow points to the 'Search' button with the text 'Double click on the patient's name to select.'

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**.

The screenshot shows the 'Order Entry' page. It includes a 'Select Ordering Clinic' dropdown menu with options like 'Jeffers, Mann and Artman - Patient Group', 'Coram Specialty Infusion', 'First Health Family Medicine', and 'North State Medical Center'. A red box highlights the 'Order Entry' button. A red arrow points to the 'Select Ordering Clinic' dropdown with the text 'Select the Authorizing Provider from the dropdown menu.' Another red arrow points to the 'Accept' button at the bottom right.

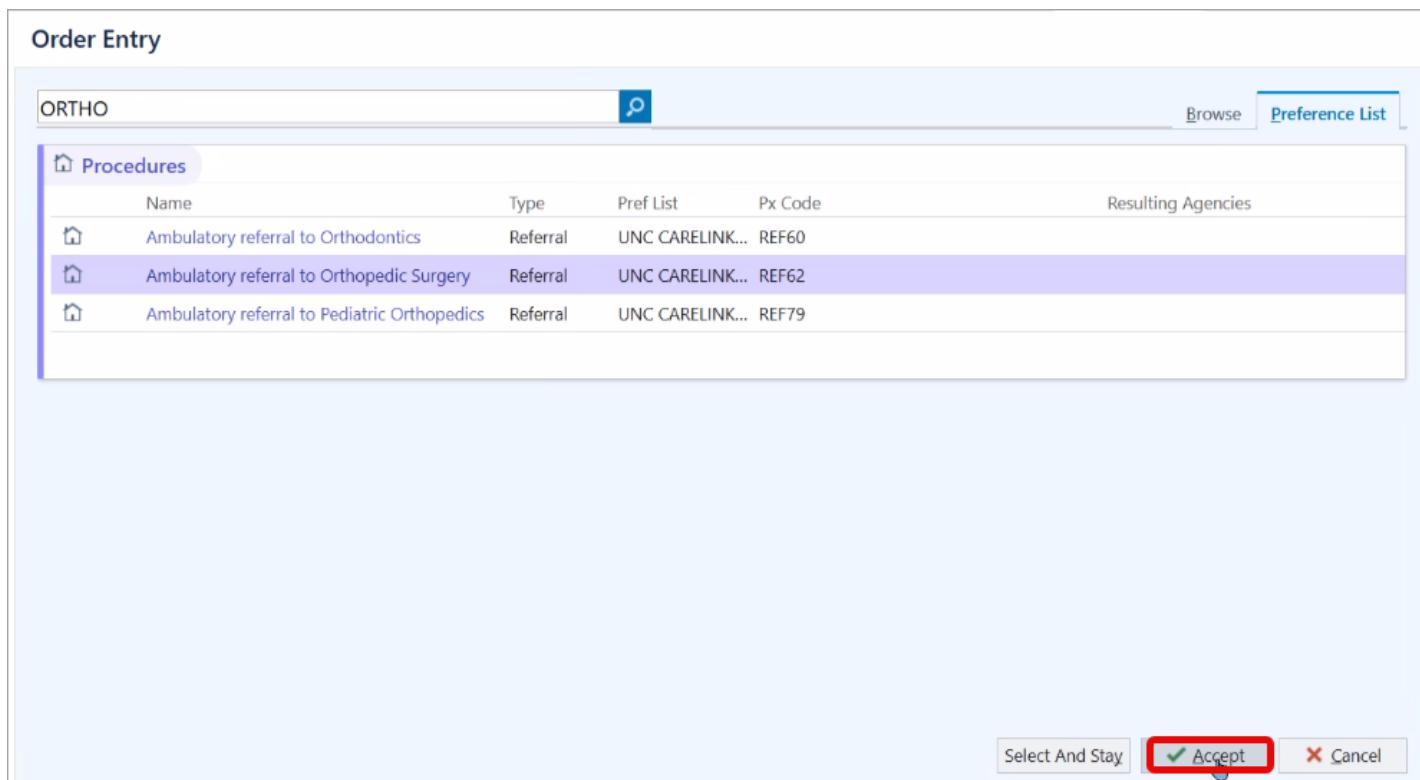
1. On the Order Entry screen, enter **Ambulatory Referral for Orthopedic Surgery** on the New procedure field, then press **Enter**.



The screenshot shows the 'Order Entry' interface. At the top, there are two buttons: 'Preference List' and 'Dx Association'. Below them is a search bar with the placeholder 'New procedure:' and a magnifying glass icon. A red box highlights this search bar. At the bottom of the screen, the text 'Unsigned new orders (0)' is displayed.

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

NOTE: Referral orders display in alphabetical order.



The screenshot shows the 'Order Entry' interface with the search term 'ORTHO' entered. The results table has columns: Name, Type, Pref List, Px Code, and Resulting Agencies. Three items are listed: 'Ambulatory referral to Orthodontics' (Type: Referral, Px Code: REF60), 'Ambulatory referral to Orthopedic Surgery' (Type: Referral, Px Code: REF62, highlighted with a purple background), and 'Ambulatory referral to Pediatric Orthopedics' (Type: Referral, Px Code: REF79). At the bottom right, there are three buttons: 'Select And Stay', 'Accept' (highlighted with a red box), and 'Cancel'.

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 CHAPEL HILL**

To provider:

Address:

Priority: Routine [1] Routine URGENT (2-7 ...)

Order Entry > Edit Order

Questions:

Questions:	Answer	Comment
1. Patient's Preferred Phone #	<input type="text"/>	<input type="text"/>
2. Pre-Authorization #	<input type="text"/>	
3. Requested follow up plan:	<input type="text"/>	
4. Reason for referral:	Peripheral Nerve Program	
5. If non-routine, reason for priority:	<input type="text"/>	
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:

Accept **Cancel**

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**.

