

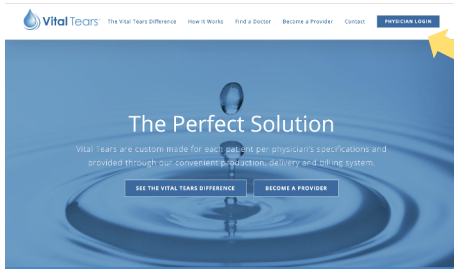


Vital Tears™

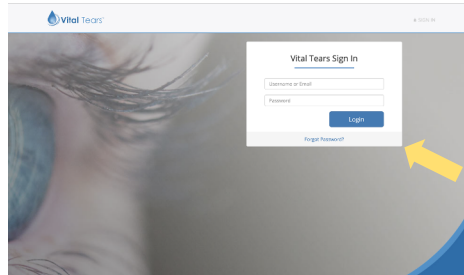
High Concentration
Ordering Instructions
September 2020

Ordering Vital Tears High Concentration--New Orders for New Patients

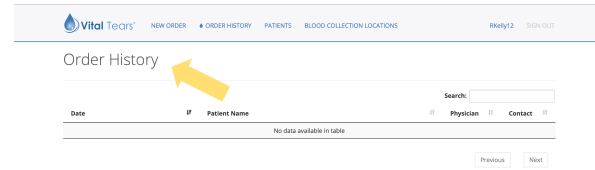
Logging in



www.vitaltears.org
Click on physician portal



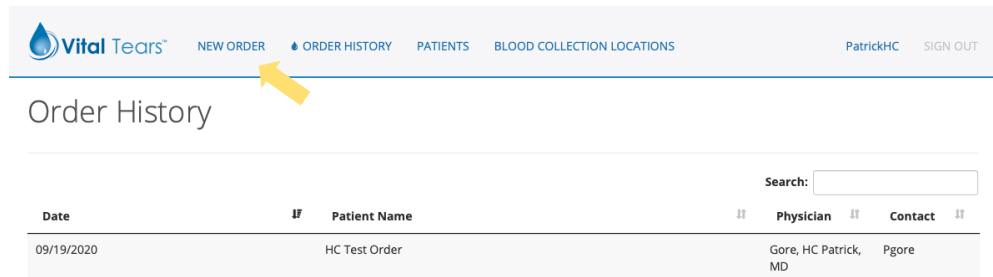
Log in



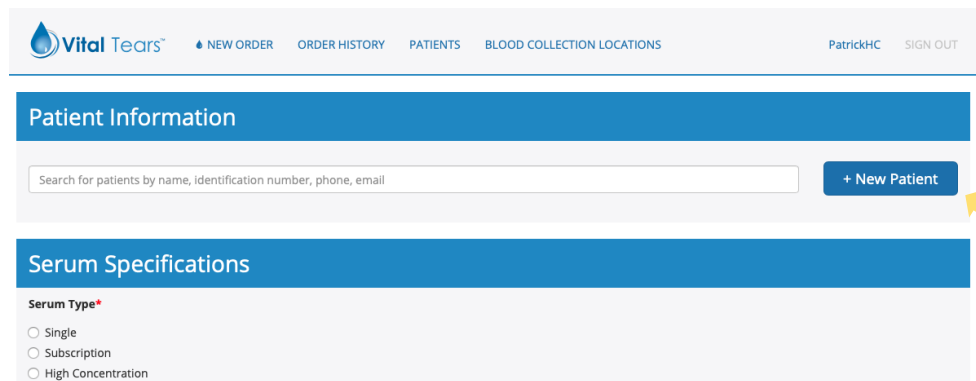
Opens to Order History

New order, new patient

Click on new order



Click on new patient



Complete all required fields for the patient details and click save

Patient Details

First Name*
First Name

Last Name*
Last Name

Date of Birth*
Date of Birth

Gender*
Gender

Identification number*
Identification number

Search Address
Search your address here

State*
State

Zip*
Zip

Address*
Address

City*
City

Phone*
Phone

Alternate phone
Alternate phone

Diagnosis*
Diagnosis

Email
Email

Cancel Save

Choose high concentration and it will allow dilution percentages of 50, 75, or 100 percent. You still have the option for the other percentages by choosing single or subscription

Enter the number of drops per day and which eye to apply the drops and number of refills

An estimated supply length will be calculated

Serum Specifications

Serum Type*

- ☐ Single
☐ Subscription
☒ High Concentration

Ased percentage*

50 %

Times per day*

Apply to*

Number of refills*

0

Estimated Supply

6.0 Months

Notes

Enter your who is submitting the order and click submit

Clinic Contact Information

Physician

Gore, HC Patrick, MD

Submitted by*

Sam Canwell

Date submitted*

09/22/2020

Phone Number*

(767) 676-7676

Print the blood requisition for blood collect form by clicking print. Provide this to the patient to present when they have their blood drawn

Then click order details and blood collection locations to for information on where the patient obtain a blood draw

Order Details and Blood Collection Locations

Print



Requisition for Blood Collection

Patient Information

PATIENT NAME

John Doe

IDENTIFICATION NUMBER

1234

GENDER

male

DATE OF BIRTH

07/07/1999

Physician Information

NAME

Gore, HC Patrick, MD

ADDRESS

10560 N Ambassador Dr., Kansas City, MO 64153

PHONE

(767) 676-7676

Specimens

Verify specimen collection materials are not expired

BLOOD DRAW

14 Full Tubes (red top or SST's)

Only draw number of tubes indicated. If any tubes do not fill completely, draw additional tubes to approximately equal the volume of the tubes requested.

Post-Collection Instructions

1. Label tubes with patient name, date of birth, and collection date/time
2. Gently invert the tubes 5 times to mix clot activator with blood
3. Do not centrifuge blood

Packaging Instructions

1. Place tubes in sleeves within Ziploc biohazard bag and place at bottom of cooler
2. Place foam spacers on top and bottom of the bagged tubes
3. Place **2 frozen** gel packs on top of the foam spacer
4. Close the cooler and place inside the cardboard shipping box

You can print this off for the patient to assist them with finding a facility.

Click done when you are finished

Order for Doe, John

Order type: **High-Concentration**

Done



Patient Details

[VIEW DETAILS](#) | [PRINT](#)



Requisition for Blood

[VIEW DOCUMENT](#) | [PRINT](#)

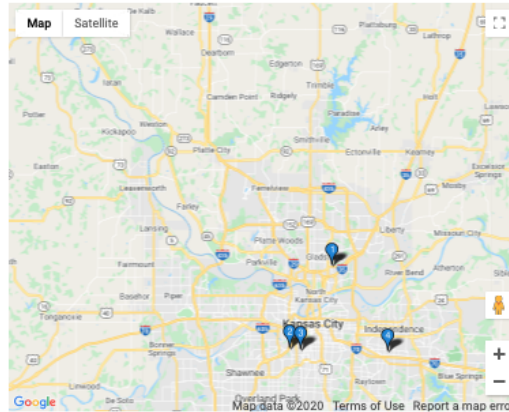
Search radius

64153

Search

Print Map

- ☒ 25 miles
- ☐ 50 miles
- ☐ 100 miles



Mobile Phlebotomy Services Available

1-800-360-9592

Patients may call to make an appointment for in-home phlebotomy between 7am and 5pm Central Standard Time. An additional fee of \$20 applies.

Nearby Collection Locations

Facility hours may have changed. Please confirm before planning.

Fax Requisition for Blood

Fax Recipient

Refill ?

Refill Date

09/22/2020

SEND FAX

Test Smartly Labs of Kansas
City North
10. miles

4321 NE Vivian Road
Kansas City, MO 64119

(816) 777-2977

Appointment Needed? No

Notes:

KU Med - MLB Lab
15. miles

2000 Olathe Blvd
Kansas City, KS 66160

(913) 588-1740

Appointment Needed? No

Notes:
Walk-ins welcome.

Test Smartly Labs of Kansas
City
16. miles

3917 Broadway Blvd
Kansas City, MO 64111

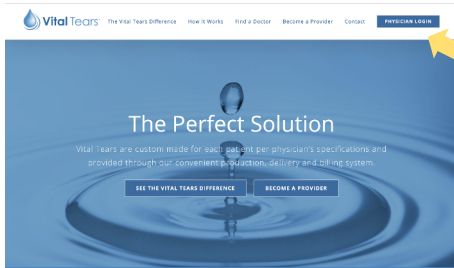
(816) 875-0464

Appointment Needed? No

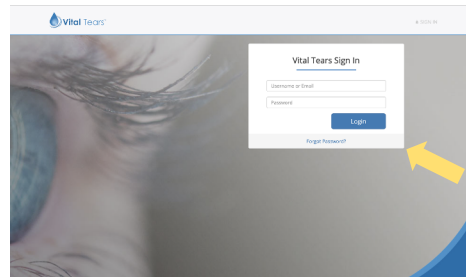
Notes:

Ordering Vital Tears High Concentration--New Orders for Existing Patients

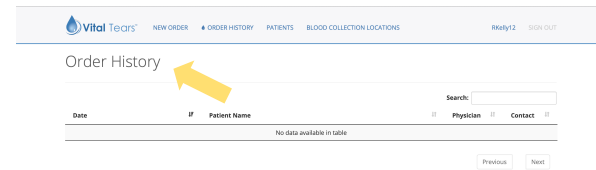
Logging in



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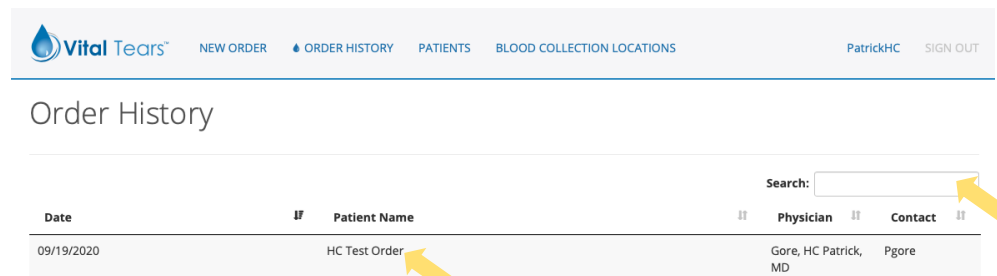
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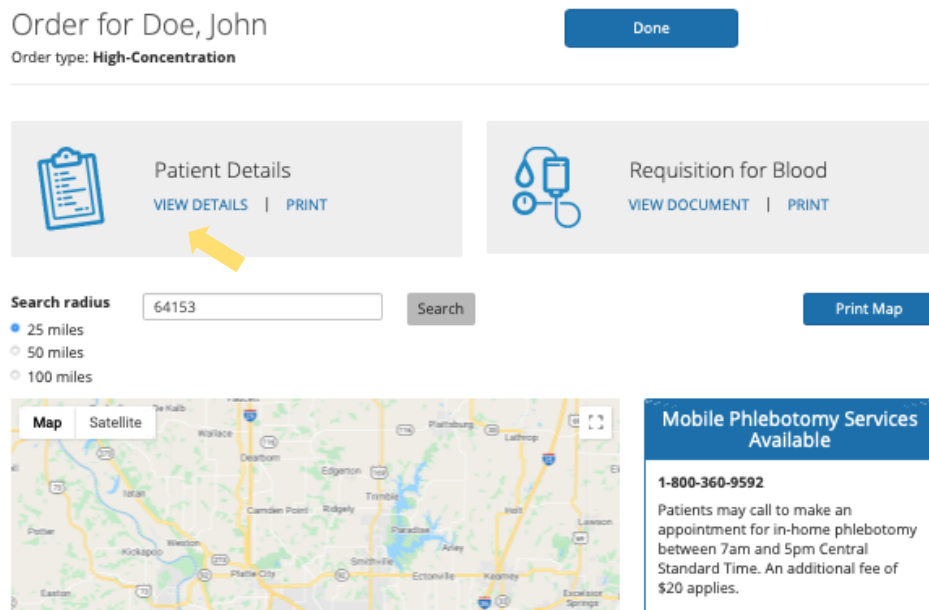
Opens to Order History

New order, existing patient

For existing patients, you can search for the patient's name in the search bar or click on the previous order in the order history



It will take you to the order for the patient. Click on view details



Click on reorder

Vital Tears Details 2tnjw58ot1uf

ReOrder

Order Details

Print

Patient Information

NAME HC Test Order	IDENTIFICATION NUMBER 12345		
DATE OF BIRTH 09/01/1950	GENDER male		
ADDRESS 10560 N Ambassador Dr	CITY Kansas City	STATE MO	ZIP 64153
PHONE (555) 555-5555	ALTERNATE PHONE NUMBER		
DIAGNOSIS Dry Eye	EMAIL ADDRESS HCtest@test.com		

You can update any of the information for the order

You can also prescribe a lower dilution by clicking on the single or subscription

Serum Specifications

Serum Type*

- ☐ Single
☐ Subscription
☒ High Concentration

Ased percentage*

50 %

Times per day*

1

Apply to*

1

Number of refills*

0

Estimated Supply

6.0 Months

Notes

Enter your who is submitting the order and click submit

Clinic Contact Information

Physician
Gore, HC Patrick, MD

Submitted by*

Sam Canwell

Date submitted*

09/22/2020

Phone Number*

(767) 676-7676

Click to confirm that the information is correct

Confirm Information is Correct

☐ Please confirm above information is correct.

Cancel

Submit

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Order for Doe, John

Order type: **High-Concentration**

Done



Patient Details

[VIEW DETAILS](#) | [PRINT](#)



Requisition for Blood

[VIEW DOCUMENT](#) | [PRINT](#)

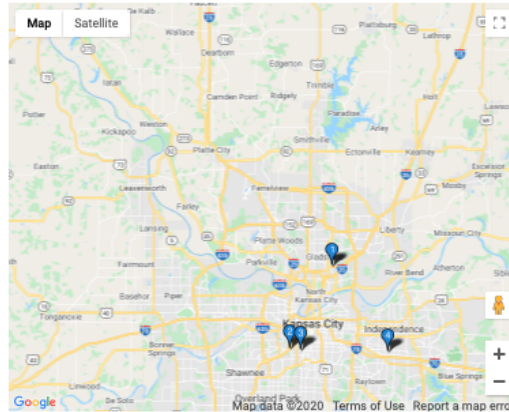
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