

Faxing or Printing from Medical Record Request (MRR)

- Find the patient and select the encounter that contains the document to fax. 1.
- In the upper left-hand corner, click **Task**. Select **Print**, then select **Medical Record Request**. 2.



In the Medical Record Request window, complete the following fields: 3.

N	fedical Record Request - ZZZTEST, HIMCERT	emrn	×	
	Medical Record Request Submitted Requests	0)		
	Event Status Verified only	Template	Purpose	
	Uate Range From: ** /** /**** To: ** /** /**** • •		Proper authorization received? Destination	

- Event Status: Select Verified only.
- **Template:** Select the Template Name that matches the *Result Type* on the document being faxed. Use the template with – **MRR** following the name.

Note: This selection will be the default choice for the remainder of your Cerner session.

- Purpose: Select Carbon Copy. • **Note**: This selection will be the default choice for the remainder of your Cerner session.
- Proper Authorization Received?: Click to check this box. Note: Check this box each time.

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4. Ensure the **Device selected** radio button is selected.

Medical Record Request -	ZZZTEST, HIMCERT3e	mrn		×
Medical Record Request	Submitted Requests (0)			
Event Status Verified only	Template		~	Purpose
Date Range From: **/**/****				
To:	O Posting Range	r F		Proper authorization received? Destination
Related Providers				Requester
Name	Relationship PCOB Referring Physician	Destination	^	Comment
	Referring Physician Other			
	HIM Manager Primary Care Physician		~	Device Copies
Device selected		ssociated Destination		✓ … 1 ★
		Preview		Send

5. In the **Device** field, right click the drop down and select **Filter Type**, then select **All**.

Medical Record Request - ZZZTEST, HIMCERT3	emrn	×
Medical Record Request Submitted Requests (2)	
Event Status Verified only	Template / History & Physical - MRR	Purpose - Carbon Copy -
Date Range From: ** /** /***** To: ** /** /***** © Clinical Range Posting Range Related Providers		Proper authorization received? Destination Requester
Name Relationship Bachman , Emily Auditor Bachman , Emily Auditor	Destination	Comment
Bachman , Emily Auditor Bachman , Emily Auditor Bachman , Emily Auditor		Right click on the drop down arrow.
Device selected	Associated Destination	Filter Type Favorites
	Preview	Send Last Used > All Printer Fax



- 6. Click in the **Device** field and begin typing the provider name, clinic name, or printer. The list will filter. Select the provider name, clinic name, or printer you wish to fax/print to.
 - Example: Enter *allina* in the device list. Any fax stations with Allina in the name will display in the device faxing list.
 - Example: Enter *john* in the device list. Any provider whose first name or last name contains john will display.
 - *If you cannot find the recipient,* select **Default Station** from the dropdown and manually enter the fax number into the Remote Report Distribution Selection window that displays.
 - **Faxing to internal Children's MN Providers is not needed.
- 7. **FAX ONLY STEP**: When choosing to FAX to a provider or clinic, the Remote Report Distribution Selection window displays. Review the recipient's information and click **OK**.
 - When selecting **Default Station** as the Device, the Remote Report Distribution Selection window displays with the Phone # field blank. **Enter the fax number without dashes or a 9 before the number**.

Remote Report Distribution Selection $\qquad \times$						
PHONE # 9529926980	ОК					
Transmit Date / Time Date:	Cancel					
Non-Scheduled 09/27/2023	~					
O Scheduled Time: ↓ 1457 ▼	\searrow					

8. When all fields are complete, click **Preview** to view the document.

Medical Record Request -	ZZZTEST, HIMCERT3 - ·e	mrn		×
Medical Record Request	Submitted Requests (0)			
Event Status Verified only	Template	~	Purpose Carbon Copy ~	
Date Range From: xx/xx/xxxxx To: xx/xx/xxxxxx © Clinical Range	Image		Proper authorization received? Destination	
Related Providers		μζ'		Requester
Name	Relationship PCOR Referring Physician Referring Physician Other HIM Manager Primary Care Physician	Destination ssociated Destination	~	Comment
		Preview		Send

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9. After clicking **Preview**, the request opens the **Submitted Requests** tab. Click the refresh button to refresh and view the submitted requests.

Note: The Submitted Requests tab may contain requests you may have already generated on this patient. The display setting determines the lookback of your submitted requests.

Media	cal Record Reques	t Submitted	Requests (1)					
Last	Refresh: 9/27/2	023 America/	Chicago			Display: Last 24 h	ours 🗸	2
	Request Status	Fax Status	Requested Date/Time	Person Name	FIN	Report Request ID	Output Device	Pa
	Pending	N/A	9/27/2023 2:59 PM America/Chicago	777TEST, HIMCERT3	52146215	170625003	N/A	

10. When the request is ready to be previewed, the request status displays as **Archived – Preview Not Displayed**.

aical Record Request -	ZZZTEST, HIM	CERI3 -	-emm			
Medical Record Request	Submitted Req	uests (4)				
Last Refresh: 9/27/202	3 America/Chica	sgo		Displa	ay: Las	t 72 hours 🗸
Request Status		Fax Status	Requested Date/Time	Person Name	FIN	Report Request ID
A No Qualification		N/A	9/27/2023 2:59 PM America/Chicago	ZZZTEST, HIMCERT3	-	170625003
A Pending		N/A	9/26/2023 6-56 AM America/Chicago	777TEST HIMCERTS	-	170624997
Archived - Preview	v Not Displayed	N/A	9/26/2023 6:54 AM America/Chicago	ZZZTEST, HIMCERT3		170624995
		N//A	0/25/2023 2:38 PM America (Chicago)	777TEST HIMCERTS		170624090

11. To view the document, right-click on the request and then click Display Report.

	No Qualification	N/A	9/27/2023 2:59 PM America/Chicago	ZZZTEST, HIMCERT3	5
	Pending	N/A	9/26/2023 6:56 AM America/Chicago	ZZZTEST, HIMCERT3	5
\bigcirc	Archived - Preview Not Displayed	N/A	9/26 2023 6:54 AM Am	5	5
	Pending	N/A	9/25/2023 2:38 PM Ame 🛷 Displa	y Report 3	5
					- L

12. A PDF preview of the document displays. Confirm this is the correct document.

ZZZTEST, HIMCERT3 - 170624995	5.pdf			-		×
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	Children's. MINNESOTA 2525 Chicago Avenue South Minneapolis, MN 55404-	Patient Name: ZZZTEST, HIMCERT3 MRN: emrn Date of Birth: 9/1/2020 Date of Visit: 9/5/2023				
	Н	istory and Physical				
	DATE OF EVALUATION: 9/6/2023 TIME OF EVALUATION:					

13. After previewing the PDF, click the **X** to close the PDF image.

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14. Click the Medical Record Request tab.

	Decend Decenet	uests (d)				
ast	Refresh: 9/27/2023 America/Chica	ago		Displ	ay: Las	t 72 hours 🗸
					and the second s	
	Request Status	Fax Status	Requested Date/Time	Person Name	FIN	Report Request ID
8	Request Status No Qualification	Fax Status	Requested Date/Time 9/27/2023 2:59 PM America/Chicago	ZZZTEST, HIMCERT3	FIN	Report Request ID 170625003
A	Request Status No Qualification Pending	Fax Status N/A N/A	Requested Date/Time 9/27/2023 2:59 PM America/Chicago 9/26/2023 6:56 AM America/Chicago	222TEST, HIMCERT3 222TEST, HIMCERT3	FIN	Report Request ID 170625003 170624997
	Request Status No Qualification Pending Archived - Preview Not Displayed	Fax Status N/A N/A N/A	Requested Date/Time 9/27/2023 2:59 PM America/Chicago 9/26/2023 6:56 AM America/Chicago 9/26/2023 6:54 AM America/Chicago	ZZZTEST, HIMCERT3 ZZZTEST, HIMCERT3 ZZZTEST, HIMCERT3	FIN	Report Request ID 170625003 170624997 170624995

15. Reconfirm the information selected on the Medical Records Request tab and click **Send**.

Medical Record Request - ZZZTEST, H	IMCERT2 - emi	rn		×
Medical Record Request Submitted R	equests (0)			
Event Status Verified only	Template	ysical - MRR	~	Purpose Carbon Copy ~
Date Range From: *** /*** /***** To: *** /*** /***** O Clinical Range Postin	h ✓	\square		Proper authorization received? Destination
Related Providers				Requester
Name Abuzzahab MD, Mary Jennifer Abuzzahab MD, Mary Jennifer Bachman, Emily Bachman, Emily Obvice selected	Relationship Attending Physician Admitting Physician Auditor Auditor Auditor	Destination xZzztest,MD2 (195299263 xZzztest,MD2 (195299263 xZzztest,MD2 (195299263 xZzztest,MD2 (195299265 xZzztest,MD2 (195299265 xZzztest,MD2 (195299265)	<	Comment
		Preview	_ [Send

- 16. To confirm the document was successfully sent to the printer or provider/clinic fax machine, click the Submitted Requests tab to validate.
 - o Documents that are printed will display **Report Distributed** in the request status.
 - o Documents faxed to a provider or clinic will display Transmitted in the fax status.

Note: If faxing, it may take up to 1 hour for the request to change to transmitted status.