

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)		
		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 PCOR 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 V	Purpose Carbon Copy
Date Range From: XX /XX /XXXXX To: XX /XX /XXXXX © Clinical Range O Posting Range		Proper authorization received? Destination Requester
Related Providers Name Relationship	Destination	Comment
Bachman , Emily Auditor	Destination	^
Bachman , Emily Auditor		
Bachman , Emily Auditor		Right click on the drop
Bachman , Emily Auditor		down arrow.
Bachman , Emily Auditor	~ ·	Device Copies
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 X							
PHONE # 9529926980	ОК						
Transmit Date / Time Date:	Cancel						
Non-Scheduled 09/27/2	023						
O Scheduled Time:	•						

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

Medical Record Request -	ZZZTEST, HIMCERT3 - ·e	mrn		Х
Medical Record Request	Submitted Requests (0)			
Event Status Verified only	Template	der Follow Up - MRR	~	Purpose Carbon Copy ~
Date Range From: *** /*** /*** To: *** /*** /*****			Proper authorization received? Destination	
 Clinical Range Related Providers 		3		Requester
Name	Relationship PCOR Referring Physician Referring Physician Other HIM Manager Biome Con Physician	Destination	^	Comment
Device selected	Primary Care Physician	ssociated Destination Preview	¥	Device Copies

Informatics Education Updated November 2023

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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	al Record Reques	t Submitted	Requests (1)					
Last	Refresh: 9/27/20	023 America/	Chicago			Display: Last 24 h	ours 🗸	2
	Request Status	Fax Status	Requested Date/Time	Person Name	FIN	Report Request ID	Output Device	P
	Pending N/A 9/27/2023 2:59 PM America/C		9/27/2023 2:59 PM America/Chicago	ZZZTEST, HIMCERT3 52146215		170625003	N/A	0

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

Medical Record Request Submitted R	equests (4)				
Last Refresh: 9/27/2023 America/C	nicago		Displ	ay: Last 72 h	ours 🗸
Request Status	Fax Status	Requested Date/Time	Person Name	FIN Re	eport Request ID
	N/A	9/27/2023 2:59 PM America/Chicago	ZZZTEST, HIMCERT3	17	0625003
A No Qualification	IN/A				
No Qualification Pending	N/A	9/26/2023 6:56 AM America/Chicago	777TEST HIMCERTS	17	0624997
A	N/A				0624997

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

4	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
$\mathbf{\mathbf{i}}$	Archived - Preview Not Displayed	N/A	9/26 2023 6:54 AM Am		5
2	Pending	N/A	9/25/2023 2:38 PM Ame S Displa	y Report 3	5
	-				

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

ZZZTEST, HIMCERT3 - 170624995	i.pdf				—		×
	ی کی کی 🔍 👟 电 🔍 🔍 🕒						
i≡	- +	+ 🕶 1 of2 🤉 🗈	Q 6	B	P	2	¢
	Children's. MINNESOTA 2525 Chicago Avenue South Minneapolis, MN 55404-	Patient Name: ZZZTEST, HIMCERT3 MRN: emm Date of Birth: 9/1/2020 Date of Visit: 9/5/2023					
		History 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.

ical	Record Request - ZZZTEST, HIM	CERTS -	·emm				
edic	al Record Request Submitted Requ	uests (4)					
	Refresh: 9/27/2023 America/Chica	300		Displ	ay: Las	st 72 hours 🗸 🗸	2
ast					_		
ast	Request Status	Fax Status	Requested Date/Time	Person Name	FIN	Report Request ID	-
		Fax Status	Requested Date/Time 9/27/2023 2:59 PM America/Chicago				-
	Request Status					Report Request ID	-
	Request Status No Qualification	N/A	9/27/2023 2:59 PM America/Chicago	ZZZTEST, HIMCERT3		Report Request ID 170625003	-

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

Medical Record Request - ZZZTEST, H	IMCERT2 - emr	rn		×
Medical Record Request Submitted R	equests (0)			
Event Status Veriñed only	Template	ysical - MRR	Purpose Carbon Copy	~
To: **/**/****	y v v v y v v v g Range	Proper authorization received? Destination		
Related Providers			Requester	
Name Abuzzahab MD, Mary Jennifer Abuzzahab MD, Mary Jennifer Bachman, Emily Bachman, Emily Obevice selected	Admitting Physician Auditor Auditor	Destination xZzztest,MD2 (195299265 xZzztest,MD2 (195299265 xZzztest,MD2 (195299265 xZzztest,MD2 (195299265 xZzztest,MD2 (195299265 xZzztest,MD2 (195299265 xZzztest,MD2 (195299265	Device Cop	 ✓ ies
		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.