

How to E-Prescribe the SmartVest with GoScripts[™]

This reference guide is intended for physicians and authorized staff members who want details about sending a SmartVest order electronically via GoScripts.

SIGN IN

Sign in to GoScripts as follows:

 a. Go to https://app.goscripts.com
 b. Enter your credentials.

NOTE: You can use the GoScripts Smart Order catalog to electronically submit a detailed written order to your chosen DME. Smart Order catalog items require you to answer qualifying questions. This helps improve efficiency by ensuring that you enter all payor-required information before submitting the order.



SELECT PATIENT CHARTS

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Show 10 🗸	ent	tries							Se	earch: doe	
Last Name		First Name	¢	DOB	Ext Patient ID	Address 1	4	City 🕴	State 💧	Phone	\$
Dee		John		06/11/1964	123 1	Main St.		Denver	CO	555-555-5555	Details Order

- 2. On the Main Menu Page, click **Patient Charts**.
- 3. On the Patient Charts page:
 - For existing patients, type the patient's last name in the Search field and click **Order** next to the desired patient in the search results.
 - For new patients, click **Add New Patient**, enter the patient information, click **Add** and **Place Order**.
- 4. If you are an authorized staff member, select the ordering physician.
- 5. Select the practice location.
- 6. Click **D.M.E.**

continued on next page >

SELECT SMARTVEST

- 7. Search **"Airway Clearance System"** in the product search box, select it from the drop-down, and on the product list click **Add to Order** next to SmartVest. This will open the order form.
- 8. Fill out the order form as follows:
 - a. Fields in red are required.
 - b. Notate medical history, tried and failed, prescription settings, and diagnosis.
 - c. Click **Update Order** at the bottom of the screen.

STEP 4:

REVIEW AND SUBMIT

- 9. Review and confirm your order details are correct. Click **Process Order** when ready to submit.
- 10. Search **"SmartVest"** in the search field when prompted for available DME Suppliers.
- 11. Click "Select" beside your preferred supplier.
- On the Order Checkout page, review the patient information and enter any special instructions for the DME.
 NOTE: Adjust the Order Date if needed.

13. Click Complete Order.

- 14. If you are an authorized staff member, request the physician's authentication (signature) as follows:
 - If the ordering physician is available, ask the physician to enter their password and click **Sign Order**. GoScripts will immediately send the signed order to the applicable DME supplier.
 - If the ordering physician is unavailable, click **Mark as Validated**. At a later time, the ordering physician can sign into GoScripts to sign the order.

Y

OPTIONAL: ATTACH DOCUMENTS

Attach supporting documents to the GoScripts referral order (e.g. physician notes, face-to-face documentation, x-rays, testing, etc.) as follows:

- **Upload a file**: Click **Attach Document**. You can upload the following file types: .OSA, .tif, .tiff, .gif, PDF, .text, or .docx.
- **Copy and paste**: If your EHR does not allow you to export files to your desktop, you can click **Add Chart Notes** to copy and paste the document information to your GoScripts order. The pasted information appears on the second page of the printed order.

CREATE A PDF

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Click **Print** to generate a PDF version of the order.

		Request Patient Assess	ment Add Chart Notes Send New Mess			
Suce This	CESS order has been successfully completed.					
Patient Inform	mation	Supplier Information				
Name:	Doe, John	Name:	SmartVest			
Address:	123 Main St.	Address:	500 6th Ave NW			
City/State/Zip:	Deriver, CO 80205	City/State/Zip:	New Prague, MN			
Phone:	555-555-5555	Phone:	800-402-1045			
DOB:	06/11/1984	NPI:	1821030909			
Gender:	Male	Acknowledged By:				
		Acknowledged On:				
Referral Deta	lle					
Referral Deta	iils *m (E0483)					
Referral Deta Airway Clearance Syst	iils em (E0483)		Yes			
Referral Deta Airway Clearance Syst CT scan Attach Report	ills em (E0483)		Yes Y			
Referral Deta Airway Clearance Syst CT scan Attach Report Daily productive cough	tils erm (E0483) for at least 0 months		Yes Y Yus			
Referral Deta Airway Clearance Syst CT scan Attach Report Daily productive cough Date of last face-to-fac	IIIS em (E0483) for at least 8 months e encounter		Yes Y Yas 2020-06-11			
Referral Deta Airway Clearance Syst CT scan Attach Report Daily productive cough Date of last face-to-fac Breathing techniques	tils em (E043) for at least 0 months e encounter		Ves Y Ves 2020-06-11 Ves			
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Referral Deta Ainway Clearance Syst CT scan Attach Report Daily productive cough Date of last face-to-fac Breathing techniques Cough Assist Suctioning	tils em (E483) for at least 8 months e encounter		Ves Y 2020-08-11 Ves Ves Ves			
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Return to Cataloo Save as Draft

Airway Clearance System

Current Orde

CT scar

CT scan Attach Report Daily productive cough for a Date of last face-to-face end

Breathing techniques Cough Assist

Suctioning

Length Of Need

oh for at least 6 m

Choose the reason why the above therapy failed, is co inappropriate for this patient. Standard Protocol: Tx/Day 2 Frequencies 6 to 16 HZ 1 10

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