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PCHED, PT1TB 🛛 🗶						🔶 List 🔿 ा Recent 🗸 🕅 MRN	- Q
PCHED, PT1TB Emergency [2018-Sep-07 13:3 Violent/Aggressive:	7:00 - <no -="" date="" discharge="">]</no>	Age:73 years DOB:1946-Jun-23	Sex:Male MRN:028000067	Loc:E ** All	merg PCH ergies **	ARO: RESUS:	
Menu	📍 < 🔸 🛉 Docur	nents				🗇 Full screen 🗃 Print 🕷	🌶 3 minutes ago
Triage Summary	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 V B # 4 # *					
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PowerNote ED	•	Last -		ments are accessible. (Document C	ount)		•
Orders 🛉 Ad	🗁 Admission/Discharge						<u>^</u>
Patient Summary	Discharge Summa Discharge Summa	History and Physical (Unverified)					
Discharge Summary	2020-Jan-25 0	COPIES TO:				Open document you wish to export	
Transfusion Summary Report	Diagnostic Imaging	ADMITTING DIAGNOSIS: Suspected large bowel	obstruction	Add Ctrl+	N	and print. Right-Click anywhere in the	
Overview	Emergency Documer	PATIENT SUMMARY:		PowerNote		body of the document and click	
Results Review	Physician Consultatio	Xx is an xx year old man who is very pleas	ant and has dementia	Scan/Import	le. The	EXPORT	E
Problems and Diagnoses	Physician Surgical Do	yesterday morning. He has been admitted o	n a number of occasi	Filter In Error Documents	ited for		
Flowsheet	Progress Notes	constipation in the past. His last admiss was treated with enemas and polyethylene g	ion for this was in lycol. Harold denie		be he uble to		
Assessments	- Physician Progres	tell me when his last bowel movement was.	He says that he did	Submit	i,		
Documents	2020-Jan-25 0	suggest that his vomiting started a little	earlier in the wee	Sign	- Cuiu		
Form Browser	Nutrition Services Do	Xx's past medical history includes BPH wit	h urinary retention,	In Error	al		
MAR Summary	—	reflux, sleep apnea, type 2 diabetes, chro	nic edema of the lec				
MAR	-	EXAMINATION:	hudrated Evamina	Correct			
Mad Liet 📥 Ad	4	abnormality. Heart sounds are normal. Ch	est is clear with fo	Mail Merce	entire		
Peference Test Proviner	·	somewhat reduced. There is no palpable ma	ss in the belly. Th		on		
Defined Cohodula		examination. A rectal examination was don was unremarkable.	e by Dr. Bader in th	View Image	and		
		Yy had a CT scap of the abdomen done this	morning which appr	Porward Print Document(s)	ng in		
Allergies T Au	By type	the wall of the rectum. Dr. Alex Gillis w	as consulted and is	History	.ble		
Patient Info	By status	sigmoidoscopy early this week.		Hide Tracked Changes			
Histories	🔘 By date	Xx's creatinine is moderately elevated at receiving intravenous saline at 125 cc/hr	just over 250, both	Show Toolbar	to 2.7		
	Performed by	overnight. Potassium has been added to th	e intravenous soluti	Show rooldar	te has		
	By encounter	been decreased to 100 mi/hr.	-	Import			
		Xx also has an elevated white blood cell Flagyl for the possibility of this being r	count at just over 1	Ехроп) and ted to		
		the thickening seen in the rectal wall as a	vell Blood sugars	Insert Auto Text	coming		÷
				Save As Auto Text			

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