

SALES TEAM & PROVIDER TRAINING

EMA Ordering Guide

Phothera Home Phototherapy

Desktop (PC) • iPad • Created March 2026

Phothera Fax: 216-765-0271
Phothera NPI: 1326105842

QUICK REFERENCE INDEX

- 1 First-Time Setup**
Add Phothera as a Fax Contact
- 2 Desktop / Web (PC)**
Virtual Exam Room • Visit Overview
- 3 iPad (EMA Mobile)**
Virtual Exam Room • Visit Overview
- 4 Pulling a Report**
EMA Analytics walkthrough
- 5 Key Details**
Fax #, NPI, defaults, checklist
- 6 Troubleshooting**
Common Situations

SECTION 1

First-Time Fax Number Setup

Add Phothera as a Fax Contact

One-time step — required before sending your first order

1

First-Time Setup: Add Phothera as a Fax Contact

One-time step — complete before your first order

1

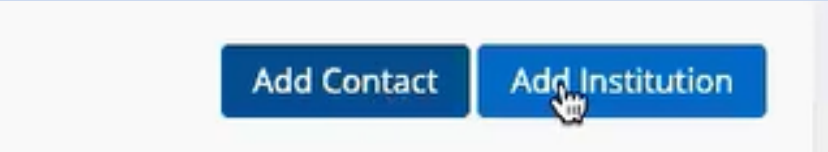
Log in to EMA on your PC application. Click "**Document Mgmt**", then click on "Manage Referral Contacts."



1

First-Time Setup: Add Phothera as a Fax Contact (continued)

One-time step — complete before your first order

#	Action	Screen Reference
2	Click "Add Institution".	
3	Enter: Name = Phothera NPI = 1326105842 Status = Active Fax = 216-765-0271. Scroll down and click Save .	
4	Phothera will now appear in your fax contacts list.	

NOTE: This setup is done on the Desktop/PC. Complete it once and Phothera will be available in all fax contact lookups going forward.

SECTION 2

Desktop / Web (PC)

Ordering Phothera Devices in EMA

Two entry points:

Option A — Virtual Exam Room

Option B — Visit Overview

SECTION 2

Desktop / Web (PC) – Virtual Exam Room

Ordering Phothera Devices in EMA

Action

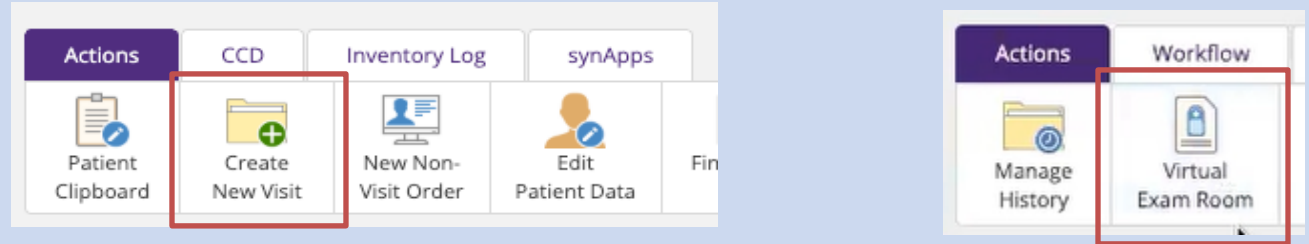
Screen Reference

1

Log in and open the patient's chart.

Select **Create New Visit** and proceed as customary to your practice to capture patient's information.

Click on the Virtual Exam Room.



2

Select a diagnosis (e.g., Psoriasis) in the **Findings/Impression** or you can **search for** it in the **Find Dx** area at the bottom of the Findings/impression section.

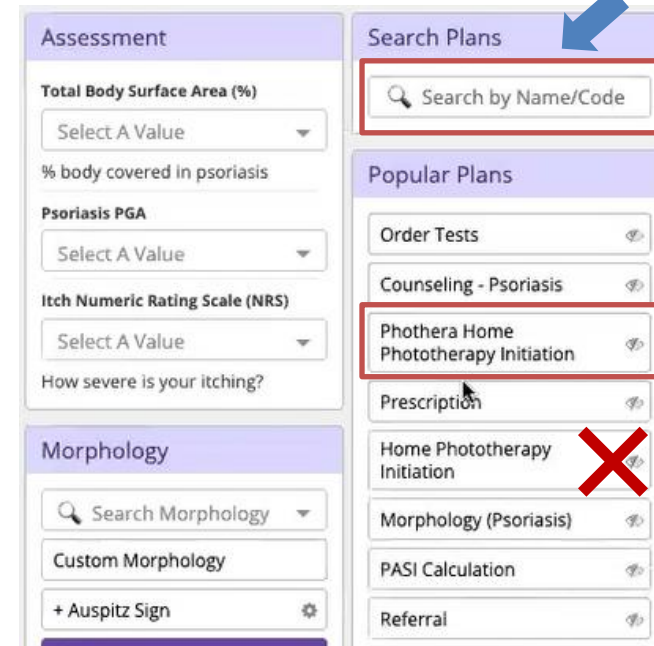
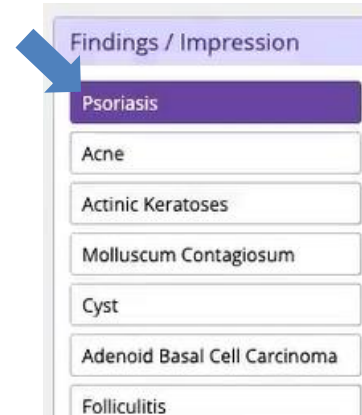
Once the Main diagnosis is selected, the details and **Treatment Plans** section will appear.

Fill out the Assessment and Morphology sections as it is customary in your practice.

Select the “**Phothera Home Phototherapy Initiation**” plan. The first time you may need to search for it. For subsequent orders, it should appear in your popular plans.

IMPORTANT: DO NOT select the “Home Phototherapy Initiation”, if you see more than 3 Phothera devices you are in the incorrect plan.

1. Select Dx (e.g., Psoriasis)



2. Search for **Phothera or Phototherapy**

3. SELECT **Phothera Home Phototherapy Initiation**

2 Desktop / Web — Option A: Virtual Exam Room (continued)

3 Details Tab:
Select Zone (practice standard) and Skin Type (default = Type I).

Select the Phothera device.
Keep default protocol as **NBUVB**.

Select default frequency (**3x/week**) and **Lifetime** for Treatment count.

Home Phototherapy Device Used ⓘ

E0691- Phothera 100XL: Handheld Device for Spot Treatment

n/a

E0691- Phothera 100XL: Handheld Device for Spot Treatment

E0691- Phothera 200: Panel Device for Hands/Feet

E0694- Phothera 600-3D: 8-Lamp, Full Body

Psoriasis | Phothera Home Phototherapy Initiation

Details	Detail Level ⓘ
Location	Zone ▼
Protocol	Skin Type
Consent	n/a ▼
Post-care	Home Phototherapy Device Used ⓘ
	E0691- Phothera 100XL: Handheld Device for Spot Treatment ▼
	Protocol ⓘ
	NBUVB ▼
	Frequency of At Home Treatments ⓘ
	three times a week ▼
	Treatment Count ⓘ
	Lifetime ▼
	Will this prescription be processed through the patient's insurance? ⓘ
	yes ▼
	Is the condition chronic? ⓘ
	yes ▼
	Previous Treatments
	Were previous treatments effective?
	no ▼
	Has the patient been treated with UV light therapy in the office?

2 Desktop / Web — Option A: Virtual Exam Room (continued)

Action

4

Enter all previous treatments and whether they were effective. Be detailed — required for insurance and prior authorization.

Include in-office phototherapy history and duration.

Select **all applicable** reasons the patient is recommended for home phototherapy.

Screen Reference

The screenshot shows two overlapping form windows. The top window, titled 'Previous Treatments', has a text input field containing 'triamcinolone' and a dropdown menu for 'Were previous treatments effective?' set to 'no'. The bottom window, titled 'Reasons for Home Use', contains a list of checkboxes: 'therapy is considered long-term' (unchecked), 'in-office phototherapy is not available to the patient' (checked), 'distance and travel time to the office' (unchecked), 'copay cost of frequent in-office visits' (unchecked), 'unable to take time from work or school' (checked), and 'chronic health conditions prevent traveling' (unchecked). Below this is a dropdown for 'Is the patient reliable, motivated, and able to adhere to instructions?' set to 'yes'.

5

Location Tab: Select treatment locations.

No changes needed on Protocol, Consent, or Post-Care tabs.

Click **DONE** to save.

The screenshot shows the 'Location Tab' of the 'Psoriasis | Phototherapy Home Phototherapy Initiation' form. On the left is a sidebar with tabs: 'Details', 'Location' (selected), 'Protocol', 'Consent', and 'Post-care'. The main area is titled 'Location (Body Touches will Override)' and contains a list of checkboxes for body parts: 'full body', 'upper body', 'hands', 'feet', 'hands and feet', 'chest', 'back', 'abdomen', 'arms', 'legs', 'right arm', 'left arm', 'right leg', 'left leg', 'right hand', 'left hand', 'right foot', 'left foot', 'face', and 'genitalia'.

2 Desktop / Web — Option A: Virtual Exam Room (continued)

Action

Screen Reference

6

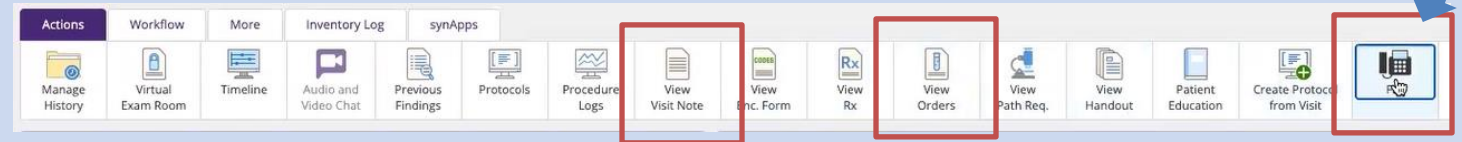
Once you click “Done,” the Plan is saved, and you return to the Virtual Exam Room.

To **Fax** the prescription **return to the Visit Overview** to preview all the generated documents.

Then click on the “**Fax**” icon **inside the Visit Note (NOT the patient chart)**.

IMPORTANT: The order has to be faxed from within the Visit Note, NOT the Patient chart

Virtual Exam Room



7

To fax the order to Phothera, **select Phothera as a contact** (Fax #: 216-765-0271).
Select “**Template**” Attachments.

⚠ Order of attachments matters: Add **Visit Notes** first, then add the **Order**.

The sequence is important. The link to Add/Removes Orders appears only when the correct visit is attached.

Check: Include HIPAA Cover Sheet + Include Face Sheet + Include Summary + Save fax to chart upon sending.
Click Send.

Add/Remove Attachments (0)

Add/Remove Visit Notes (1)

Add/Remove Orders (1)

1. Add the “Visit Notes”

2. Add the “Order” and click “Select”

☒ Include HIPAA Cover Sheet ☒ Include Face Sheet ☒ Include Summary

Add/Remove Orders

☒ Type	Date	Name	LOINC	ICD-9
☒ Procedures	Feb 27, 2026 8:48:53 AM	Phothera Home Phototherapy Initiation		

Cancel

Select

☒ Save fax to chart upon sending

Cancel

Preview

Save to Queue

Send

2 Desktop / Web — Option A: Virtual Exam Room (continued)

Action

Screen Reference

8 The Fax will have all information associated as shown below.

HIPAA cover sheet You are viewing a sandbox site. Do not add any PHI content.

This fax is intended only for the use of the person or office to whom it is addressed, and contains privileged or confidential information protected by law. All recipients are hereby notified that inadvertent or unauthorized receipt does not waive such privilege, and that unauthorized dissemination, distribution, or copying of this communication is prohibited. If you have received this fax in error, please destroy the attached document(s) and notify the sender of the error at the contact information below.

Attachments Template Page

Test, Phothera

PMS ID: Sex: DOB: Phone: MRN:
112646PAT000000137 Male 01/01/1990 (123) 456-7890 MM0000000127

February 27, 2026

Phothera
Fax: (999) 999-9999

Dear Phothera,

Please find the attached documents.

Regards,

Visit Notes

Test, Phothera

Visit Note - February 27, 2026

PMS ID: Sex: DOB: Phone: MRN:
112646PAT000000137 Male 01/01/1990 (123) 456-7890 MM0000000127

Medical History

Social History

Smoking status - Unspecified

Impression/Plan:

1. Psoriasis (L40.0)
Diffuse hyperpigmentation on sunexposed skin and psoriasiform plaques with micaceous scale

Plan: Phothera Home Phototherapy Initiation.
Device: E0691- Phothera 200: Panel Device for Hands/Feet
Protocol To Use: NBUVB
Location: hands and feet
Skin Type: II

Will this prescription be processed through the patient's insurance? yes
Is the condition chronic? yes

Previous treatments:
triamcinolone
Previous treatments were ineffective.

Has the patient been treated with UV light therapy in the office? yes
Did the patient's condition improve with in-office phototherapy? no
How many months of in-office UV light were administered? 3+ months

Phothera's Order

Test, Phothera

EMA ID: 1694635

Orders - February 27, 2026

PMS ID: Sex: DOB: Phone: MRN:
112646PAT000000137 Male 01/01/1990 (123) 456-7890 MM0000000127

PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME Test		FIRST NAME Phothera		LAST NAME Test		FIRST NAME Phothera	
SEX Male		DATE OF BIRTH 01/01/1990		RELATIONSHIP TO PATIENT Self		STREET ADDRESS 123 Main Street	
STREET ADDRESS 123 Main Street		STREET ADDRESS CONTD.		STREET ADDRESS 123 Main Street		STREET ADDRESS CONTD.	
CITY Boca Raton		STATE FL		ZIP CODE 01234		CITY Boca Raton	
HOME PHONE 1234567890		CELL PHONE		EMPLOYER NAME		HOME PHONE 1234567890	
EMAIL test@gmail.com						EMAIL test@gmail.com	
PRIMARY BILLING / INSURANCE INFORMATION							
SUBSCRIBER NAME Phothera Test		RELATIONSHIP Self		SUB DOB		COMPANY NAME Aetna Health Plans	
STREET ADDRESS PO Box 8395		STREET ADDRESS CONTD.		ZIP CODE 940468395		MEMBER ID # 1234567	
CITY San Francisco		STATE CA		ZIP CODE 940468395		EMPLOYER NAME	
DIAGNOSES							
Diagnosis	ICD Code	Description					
1	L40.0	Psoriasis vulgaris					
Phothera Home Phototherapy Initiation							
Device: E0691- Phothera 200: Panel Device for Hands/Feet Protocol To Use: NBUVB Location: hands and feet Skin Type: II							
Will this prescription be processed through the patient's insurance? yes Is the condition chronic? yes							
Previous treatments: triamcinolone Previous treatments were ineffective.							
Has the patient been treated with UV light therapy in the office? yes Did the patient's condition improve with in-office phototherapy? no How many months of in-office UV light were administered? 3+ months							
Reasons for Home Phototherapy: in-office phototherapy is not available to the patient and unable to take time from work or school Is the patient reliable, motivated, and able to adhere to instructions? yes							
The risks of home phototherapy were reviewed with the patient including but not limited to: burn, pigmentary changes, pain, blistering, scabbing, redness, increased risk of skin cancers, and the remote possibility of scarring. I certify that I am the physician identified on this form. I have reviewed this Physician's Written Order. Any statement on my letterhead hereto has also been reviewed and signed by me. I certify that this patient and/or caregiver is capable and will be trained on the proper use of the products prescribed on this Written Order. The patient's record contains supporting documentation substantiating the utilization and medical necessity of the listed product, and the physician's notes and other supporting documentation							

SECTION 2

Desktop / Web (PC) – Visit Overview

Ordering Phothera Devices in EMA

1

Log in and open the patient's chart.

Select **Create New Visit** and scroll to "Impression and Plans."

Select a diagnosis (e.g., Psoriasis) in the **Impressions**.

Select "**Phothera Home Phototherapy Initiation**" in the Plans.

The first time, you may need to type in Phothera.

Click "**Save**".

IMPORTANT: DO NOT select the "Home Phototherapy Initiation", if you see more than 3 Phothera devices you are in the incorrect plan.

The screenshot displays the 'Impressions and Plans' section of a medical software interface. At the top, a navigation bar includes 'Actions', 'CCD', 'Inventory Log', and 'synApps'. The 'Create New Visit' button is highlighted with a red box. Below this, the 'Impressions and Plans' section shows 'No data added' and a link to 'Add Impressions and Plans Comments'. The 'Impressions' dropdown is open, showing a list of diagnoses with 'Psoriasis' selected. The 'Plans' dropdown is also open, showing a list of plans with 'Phothera Home Phototherapy Initiation' highlighted in red. A large red 'X' is placed over the 'Home Phototherapy Initiation' option in the plans list, indicating it should not be selected. The 'Save' and 'Clear' buttons are visible at the bottom right of the plans dropdown.

2 Desktop / Web — Option B: Visit Overview (continued)

Action

2

The “**Phothera Home Phototherapy Initiation**” plan will load. Click “Resume” to open and edit it.

Screen Reference

Impressions and Plans

Collapse All

Add Impressions and Plans Comments

Impressions

Select from the list or type to search

Plans

Awaiting Next Impression

Save

Clear

Morphologies

Select from the list or type to search

▼ Psoriasis: diffuse hyperpigmentation on sunexposed skin and psoriasiform plaques with micaceous scale

Delete | Add Plans | Complexity and Status | More ▼

Dx Complexity: Stable chronic illness

Edit

Assessment

Review Assessment Questions

Edit

Plan: Phothera Home Phototherapy Initiation

Delete | Add Optional Body Location | Resume

Device: E0691- Phothera 100XL: Handheld Device for Spot Treatment

Protocol To Use: NBUVB

Will this prescription be processed through the patient's insurance? yes

Is the condition chronic? yes

Is the patient reliable, motivated, and able to adhere to instructions? yes

The risks of home phototherapy were reviewed with the patient including but not limited to: burn, pigmentary changes, pain, blistering, scabbing, redness, increased risk of skin cancers, and the remote possibility of scarring. I certify that I am the physician identified on this form. I have reviewed this Physician's Written Order. Any statement on my letterhead hereto has also been reviewed and signed by me. I certify that this patient and/or caregiver is capable and will be trained on the proper use of the products prescribed on this Written Order. The patient's record contains supporting documentation substantiating the utilization and medical necessity of the listed product, and the physician's notes and other supporting documentation will be provided upon request. I understand that any falsification, omission, or concealment of a material fact in that section may subject me to civil or criminal liability. A copy of this order will be retained in the patient's medical record. I recommended the patient use his home unit for NBUVB therapy. They will perform these treatments three times a week.

Treatment Count: Lifetime

2 Desktop / Web — Option B: Visit Overview (continued)

3 Details Tab:
Select Zone (practice standard) and Skin Type (default = Type I).

Select the Phothera device.
Keep default protocol as **NBUVB**.

Select default frequency (**3x/week**) and **Lifetime** for Treatment count.

Home Phototherapy Device Used ⓘ

E0691- Phothera 100XL: Handheld Device for Spot Treatment

n/a

E0691- Phothera 100XL: Handheld Device for Spot Treatment

E0691- Phothera 200: Panel Device for Hands/Feet

E0694- Phothera 600-3D: 8-Lamp, Full Body

Psoriasis | Phothera Home Phototherapy Initiation

Details

Location

Protocol

Consent

Post-care

Detail Level ⓘ

Zone

Skin Type

n/a

Home Phototherapy Device Used ⓘ

E0691- Phothera 100XL: Handheld Device for Spot Treatment

Protocol ⓘ

NBUVB

Frequency of At Home Treatments ⓘ

three times a week

Treatment Count ⓘ

Lifetime

Will this prescription be processed through the patient's insurance? ⓘ

yes

Is the condition chronic? ⓘ

yes

Previous Treatments

Were previous treatments effective?

no

Has the patient been treated with UV light therapy in the office?

2 Desktop / Web — Option B: Visit Overview (continued)

Action

4

Enter all previous treatments and whether they were effective. Be detailed — required for insurance and prior authorization.

Include in-office phototherapy history and duration.

Select **all applicable** reasons the patient is recommended for home phototherapy.

Screen Reference

Previous Treatments

triamcinolone

Were previous treatments effective?

no

Has the patient been treated with UV light therapy in the office?

n/a

n/a

yes

no

Did the patient's condition improve with in-office phototherapy?

n/a

n/a

yes

no

UV light were administered?

How many months of in-office UV light were administered?

n/a

n/a

less than 3 months

3+ months

term

not available to the patient

the office

Reasons for Home Use

- ☐ therapy is considered long-term
- ☒ in-office phototherapy is not available to the patient
- ☐ distance and travel time to the office
- ☐ copay cost of frequent in-office visits
- ☒ unable to take time from work or school
- ☐ chronic health conditions prevent traveling

Is the patient reliable, motivated, and able to adhere to instructions?

yes

5

Location Tab: Select treatment locations.

No changes needed on Protocol, Consent, or Post-Care tabs.

Click **DONE** to save.

Psoriasis | Phototherapy Home Phototherapy Initiation

Details

Location

Protocol

Consent

Post-care

Location (Body Touches will Override)

- ☐ full body
- ☐ upper body
- ☐ hands
- ☐ feet
- ☐ hands and feet
- ☐ chest
- ☐ back
- ☐ abdomen
- ☐ arms
- ☐ legs
- ☐ right arm
- ☐ left arm
- ☐ right leg
- ☐ left leg
- ☐ right hand
- ☐ left hand
- ☐ right foot
- ☐ left foot
- ☐ face
- ☐ genitalia

2 Desktop / Web — Option B: Visit Overview (continued)

#	Action	Screen Reference
---	--------	------------------

6

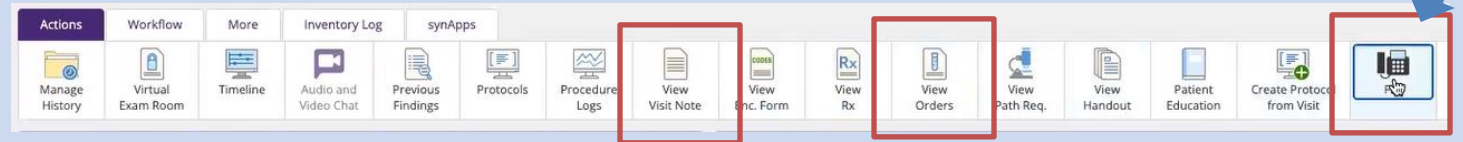
Once you click “Done,” the Plan is saved, and you return to the Virtual Exam Room.

To **Fax** the prescription **return to the Visit Overview** to preview all the generated documents.

Then click on the “**Fax**” icon **inside the Visit Note (NOT the patient chart)**.

IMPORTANT: The order has to be faxed from within the Visit Note, NOT the Patient chart

Virtual Exam Room



7

To fax the order to Phothera, **select Phothera as a contact** (Fax #: 216-765-0271).
Select “**Template**” Attachments.

⚠ Order of attachments matters: Add **Visit Notes** first, then add the **Order**.

The sequence is important. The link to Add/Removes Orders appears only when the correct visit is attached.

Check: Include HIPAA Cover Sheet + Include Face Sheet + Include Summary + Save fax to chart upon sending.
Click Send.

Add/Remove Attachments (0)

Add/Remove Visit Notes (1)

Add/Remove Orders (1)

1. Add the “Visit Notes”

2. Add the “Order” and click “Select”

☒ Include HIPAA Cover Sheet ☒ Include Face Sheet ☒ Include Summary

Add/Remove Orders

☒ Type	Date	Name	LOINC	ICD-9
☒ Procedures	Feb 27, 2026 8:48:53 AM	Phothera Home Phototherapy Initiation		

Cancel

Select

☒ Save fax to chart upon sending

Cancel

Preview

Save to Queue

Send

2 Desktop / Web — Option B: Visit Overview (continued)

Action

Screen Reference

8 The Fax will have all information associated as shown below.

HIPAA cover sheet You are viewing a sandbox site. Do not add any PHI content.

This fax is intended only for the use of the person or office to whom it is addressed, and contains privileged or confidential information protected by law. All recipients are hereby notified that inadvertent or unauthorized receipt does not waive such privilege, and that unauthorized dissemination, distribution, or copying of this communication is prohibited. If you have received this fax in error, please destroy the attached document(s) and notify the sender of the error at the contact information below.

Attachments Template Page

Test, Phothera

PMS ID: Sex: DOB: Phone: MRN:
112646PAT000000137 Male 01/01/1990 (123) 456-7890 MM0000000127

February 27, 2026

Phothera
Fax: (999) 999-9999

Dear Phothera,

Please find the attached documents.

Regards,

Visit Notes

Test, Phothera

Visit Note - February 27, 2026

PMS ID: Sex: DOB: Phone: MRN:
112646PAT000000137 Male 01/01/1990 (123) 456-7890 MM0000000127

Medical History

Social History

Smoking status - Unspecified

Impression/Plan:

1. Psoriasis (L40.0)
Diffuse hyperpigmentation on sunexposed skin and psoriasiform plaques with micaceous scale

Plan: Phothera Home Phototherapy Initiation.
Device: E0691- Phothera 200: Panel Device for Hands/Feet
Protocol To Use: NBUVB
Location: hands and feet
Skin Type: II

Will this prescription be processed through the patient's insurance? yes
Is the condition chronic? yes

Previous treatments:
triamcinolone
Previous treatments were ineffective.

Has the patient been treated with UV light therapy in the office? yes
Did the patient's condition improve with in-office phototherapy? no
How many months of in-office UV light were administered? 3+ months

Phothera's Order

Test, Phothera

EMA ID: 1694635

Orders - February 27, 2026

PMS ID: Sex: DOB: Phone: MRN:
112646PAT000000137 Male 01/01/1990 (123) 456-7890 MM0000000127

PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME Test		FIRST NAME Phothera		LAST NAME Test		FIRST NAME Phothera	
SEX Male		DATE OF BIRTH 01/01/1990		RELATIONSHIP TO PATIENT Self		STREET ADDRESS 123 Main Street	
STREET ADDRESS 123 Main Street		STREET ADDRESS CONTD.		STREET ADDRESS 123 Main Street		STREET ADDRESS CONTD.	
CITY Boca Raton		STATE FL		CITY Boca Raton		STATE FL	
HOME PHONE 1234567890		CELL PHONE		HOME PHONE 1234567890		WORK PHONE	
EMAIL test@gmail.com		EMPLOYER NAME		EMAIL test@gmail.com		EMPLOYER NAME	
PRIMARY BILLING / INSURANCE INFORMATION							
SUBSCRIBER NAME Phothera Test		RELATIONSHIP Self		COMPANY NAME Aetna Health Plans		MEMBER ID # 1234567	
STREET ADDRESS PO Box 8395		STREET ADDRESS CONTD.		STREET ADDRESS PO Box 8395		STREET ADDRESS CONTD.	
CITY San Francisco		STATE CA		CITY San Francisco		STATE CA	
ZIP CODE 940468395		ZIP CODE 940468395		ZIP CODE 940468395		ZIP CODE 940468395	
DIAGNOSES							
Diagnosis 1		ICD Code L40.0		Description Psoriasis vulgaris			
Phothera Home Phototherapy Initiation							
Device: E0691- Phothera 200: Panel Device for Hands/Feet Protocol To Use: NBUVB Location: hands and feet Skin Type: II							
Will this prescription be processed through the patient's insurance? yes Is the condition chronic? yes							
Previous treatments: triamcinolone Previous treatments were ineffective.							
Has the patient been treated with UV light therapy in the office? yes Did the patient's condition improve with in-office phototherapy? no How many months of in-office UV light were administered? 3+ months							
Reasons for Home Phototherapy: in-office phototherapy is not available to the patient and unable to take time from work or school Is the patient reliable, motivated, and able to adhere to instructions? yes							
The risks of home phototherapy were reviewed with the patient including but not limited to: burn, pigmentary changes, pain, blistering, scabbing, redness, increased risk of skin cancers, and the remote possibility of scarring. I certify that I am the physician identified on this form. I have reviewed this Physician's Written Order. Any statement on my letterhead hereto has also been reviewed and signed by me. I certify that this patient and/or caregiver is capable and will be trained on the proper use of the products prescribed on this Written Order. The patient's record contains supporting documentation substantiating the utilization and medical necessity of the listed product, and the physician's notes and other supporting documentation							

SECTION 3

iPad (EMA Mobile)

Ordering Phothera Devices in EMA

Two entry points:

Option A — Virtual Exam Room •

Option B — Visit Overview

SECTION 3

iPad (EMA Mobile) – Virtual Exam Room

Ordering Phothera Devices in EMA

3

iPad — Option A: Virtual Exam Room

Action

1

Log in and open the patient's chart.

Select **Create New Visit** and proceed to the **Virtual Exam Room**.

Screen Reference

Test, Phothera
1/1/90 (36) M

Select Room

Home

Tasks (3/0)

Call Btn

Alerts

Overview

Exam

Quick View

More

No e/m

Add Sticky Note

Visit Settings Manage

February 27, 2026 09:06 AM

Bill as Established Patient

Provider Fee Schedule: Pm Setup Standard Fee

Follow Up Addtl Visit Notes

Hold Visit

Override Billing

Take History

Enter Exam Room

Note Outputs

Finalize Visit

2

Tap **Impressions** and select a diagnosis (e.g., Psoriasis).

Tap **Plans** and select the “**Phothera Home Phototherapy Initiation**” plan. The first time you may need to search for it. For subsequent orders, it should appear in your popular plans.

IMPORTANT: DO NOT select the “Home Phototherapy Initiation”, if you see more than 3 Phothera devices you are in the incorrect plan.

Impressions

Basal Cell Carcinoma

Cosmetic

Psoriasis

Acne

Actinic Keratoses

Molluscum Contagiosum

Cvst

Search by Name/Code

Popular Plans

Order Tests

Phothera Home Phototherapy Initiation

Counseling - Psoriasis

Prescription

Home Phototherapy Initiation

Morphology (Psoriasis)

PASI Calculation

Details Tab:

Select **“Zone”** based on your standard practice for the individual patient’s situation.

Select **“Skin Type”** based on the individual patient’s situation (**Type I can be used as default.**

Select a **Phothera Home Phototherapy Device**.

Keep default protocol as **NBUVB**.

Select default frequency (**3x/week**) and **Lifetime** for Treatment count.

Cancel Details Done

Psoriasis | Phothera Home Phototherapy Initiation

Test, Phothera | M | DOB: 01/01/1990 (36)

Details

Location

Protocol

Consent

Post-care

Detail Level ⓘ

Zone

Skin Type

n/a

Home Phototherapy Device Used ⓘ

E0691- Phothera 100XL: Handheld Device for Spot Treatment

Protocol ⓘ

NBUVB

Frequency of At Home Treatments ⓘ

three times a week

Test, Phothera | M |

Detail Level ⓘ

Zone

Skin Type

II

Home Phototherapy Device Used

E0691- Phothera 100XL: Handheld Device for Spot Treatment

☐ n/a

☒ E0691- Phothera 100XL: Handheld Device for Spot Treatment

☐ E0691- Phothera 200: Panel Device for Hands/Feet

☐ E0694- Phothera 600-3D: 8-Lamp, Full Body

E0691- Phothera 100XL: Handheld Device for Spot Treatment

Action

4

Keep default of **Lifetime** for Treatment count.

If needed, adjust whether the device will be processed through patient insurance and chronic nature of the condition (defaults = yes) .

Enter all **previous treatments** and whether they were effective. Be detailed — required for insurance and prior authorization.

Include in-office phototherapy history and duration.

Select all applicable reasons the patient is recommended for home phototherapy.

Screen Reference

Treatment Count ⓘ

Lifetime

Will this prescription be processed through the patient's insurance? ⓘ

yes

Is the condition chronic? ⓘ

yes

Previous Treatments

Topicals

Were previous treatments effective?

no

☒ n/a☐ yes☐ no

Has the patient been treated with UV light therapy in the office?

n/a

Reasons for Home Use

☐ therapy is considered long-term☐ in-office phototherapy is not available to the patient☒ distance and travel time to the office☐ copay cost of frequent in-office visits☒ unable to take time from work or school☐ chronic health conditions prevent traveling

Has the patient been treated with UV light therapy in the office?

yes

Did the patient's condition improve with in-office phototherapy?

yes

How many months of in-office UV light were administered?

3+ months

Action

5

Location Tab: Select treatment locations.

No changes needed on Protocol, Consent, or Post-Care tabs.

Click **DONE** to save the plan and return to the Virtual Exam Room.

Click “**Save Visit Note**”.

Screen Reference

Details

Location

Protocol

Consent

Post-care

Location (Body Touches will Override)

☐ full body

☐ upper body

☐ hands

☐ feet

☐ hands and feet

☐ chest

☐ back

Cancel

Details

Done

Psoriasis | Phothera Home Phototherapy Initiation

Test, Phothera | M | DOB: 01/01/1990 (36)

6

To **Fax** the prescription **return to the Visit Overview**.

Then click on the “**More**” and the “**Fax**” icon.

IMPORTANT: The order has to be faxed from within the Visit Note, NOT the Patient chart

Touch & hold an icon to customize this view

Restore Hidden Buttons

History Drawing Audio and Video Chat Edit Patient Clipboard

Consents PDF Manager Patient Attachments Cancer Log Patient Education

Quality Measures Procedure Log Camera **Fax** Historical Drawings

7

To fax the order to Phothera, **select Phothera as a contact** (Fax #: 216-765-0271).
Select **“Template” Attachments**.

⚠ Order of attachments matters: Add **Visit Notes** first, then add the **Order**.
The sequence is important. The link to Add/Removes Orders appears only when the correct visit is attached.

Toggle Include: HIPAA Cover Sheet + Face Sheet + Summary + Save fax to chart upon sending.

Click **“Done”** and **“Send”**.

The image displays three overlapping screenshots from an iPad application used for faxing orders.

- Top Screenshot (Fax Details):** Shows the 'To:*' field with 'Phothera' selected (highlighted by a red box). The 'Template:*' field has 'Attachments' selected (highlighted by a red box). The 'Header' section shows 'Template Header' selected. The 'Custom Header Text' field is empty.
- Middle Screenshot (Fax Lab Order Attachments):** A pop-up window showing a list of attachments. The first item, 'February 27, 2026 09:06 AM - Phothera Home Phototherapy Initiation', is selected (highlighted by a red box and a blue checkmark). A blue arrow points to this selection.
- Bottom Screenshot (Additional Documents):** A screen showing options to add documents. 'Visit Notes' and 'Orders' are both highlighted with blue arrows and plus signs.

At the bottom right, there is a toggle switch for 'Save fax note to patient's chart when sending' which is turned on. Below this, there is a section titled 'Include:' with four toggle switches: 'HIPAA Cover Sheet' (on), 'Summary' (on), 'Body Diagram' (off), and 'Face Sheet' (on).

1. Add the “Visit Notes”

2. Add the “Order” and select the order in the pop-up window

The Fax will have all information associated as shown below.

HIPAA cover sheet You are viewing a sandbox site. Do not add any PHI content.

This fax is intended only for the use of the person or office to whom it is addressed, and contains privileged or confidential information protected by law. All recipients are hereby notified that inadvertent or unauthorized receipt does not waive such privilege, and that unauthorized dissemination, distribution, or copying of this communication is prohibited. If you have received this fax in error, please destroy the attached document(s) and notify the sender of the error at the contact information below.

Attachments Template Page

Test, Phothera

PMS ID: Sex: DOB: Phone: MRN:
112646PAT000000137 Male 01/01/1990 (123) 456-7890 MM0000000127

February 27, 2026

Phothera
Fax: (999) 999-9999

Dear Phothera,

Please find the attached documents.

Regards,

Visit Notes

Test, Phothera

Visit Note - February 27, 2026

PMS ID: Sex: DOB: Phone: MRN:
112646PAT000000137 Male 01/01/1990 (123) 456-7890 MM0000000127

Medical History

Social History

Smoking status - Unspecified

Impression/Plan:

1. Psoriasis (L40.0)
Diffuse hyperpigmentation on sunexposed skin and psoriasiform plaques with micaceous scale

Plan: Phothera Home Phototherapy Initiation.
Device: E0691- Phothera 200: Panel Device for Hands/Feet
Protocol To Use: NBUVB
Location: hands and feet
Skin Type: II

Will this prescription be processed through the patient's insurance? yes
Is the condition chronic? yes

Previous treatments:
triamcinolone
Previous treatments were ineffective.

Has the patient been treated with UV light therapy in the office? yes
Did the patient's condition improve with in-office phototherapy? no
How many months of in-office UV light were administered? 3+ months

Phothera's Order

Test, Phothera

EMA ID: 1694635

Orders - February 27, 2026

PMS ID: Sex: DOB: Phone: MRN:
112646PAT000000137 Male 01/01/1990 (123) 456-7890 MM0000000127

PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME Test		FIRST NAME Phothera		LAST NAME Test		FIRST NAME Phothera	
SEX Male		DOB 01/01/1990		RELATIONSHIP TO PATIENT Self			
STREET ADDRESS 123 Main Street				STREET ADDRESS 123 Main Street			
STREET ADDRESS CONTD				STREET ADDRESS CONTD			
CITY Boca Raton		STATE FL		CITY Boca Raton		STATE FL	
ZIP CODE 01234		HOME PHONE 1234567890		ZIP CODE 01234		HOME PHONE 1234567890	
CELL PHONE		EMPLOYER NAME		WORK PHONE			
EMAIL test@gmail.com				EMAIL test@gmail.com			
PRIMARY BILLING / INSURANCE INFORMATION							
SUBSCRIBER NAME Phothera Test		RELATIONSHIP Self		COMPANY NAME Aetna Health Plans		MEMBER ID # 1234567	
STREET ADDRESS PO Box 8395				STREET ADDRESS CONTD			
CITY San Francisco		STATE CA		ZIP CODE 940468395		EMPLOYER NAME	
DIAGNOSES							
Diagnosis	ICD Code	Description					
1	L40.0	Psoriasis vulgaris					
Phothera Home Phototherapy Initiation							
Device: E0691- Phothera 200: Panel Device for Hands/Feet Protocol To Use: NBUVB Location: hands and feet Skin Type: II							
Will this prescription be processed through the patient's insurance? yes Is the condition chronic? yes							
Previous treatments: triamcinolone Previous treatments were ineffective.							
Has the patient been treated with UV light therapy in the office? yes Did the patient's condition improve with in-office phototherapy? no How many months of in-office UV light were administered? 3+ months							
Reasons for Home Phototherapy: in-office phototherapy is not available to the patient and unable to take time from work or school Is the patient reliable, motivated, and able to adhere to instructions? yes							
The risks of home phototherapy were reviewed with the patient including but not limited to: burn, pigmentary changes, pain, blistering, scabbing, redness, increased risk of skin cancers, and the remote possibility of scarring. I certify that I am the physician identified on this form. I have reviewed this Physician's Written Order. Any statement on my letterhead hereto has also been reviewed and signed by me. I certify that this patient and/or caregiver is capable and will be trained on the proper use of the products prescribed on this Written Order. The patient's record contains supporting documentation substantiating the utilization and medical necessity of the listed product, and the physician's notes and other supporting documentation							

SECTION 3

iPad (EMA Mobile) – Visit Overview

Ordering Phothera Devices in EMA

Action

1

Log in and open the patient's chart.

Select **Create New Visit** and scroll to **Impressions and Plans**.

Click on “**Impressions**” and select a diagnosis (e.g., Psoriasis)

Click on **Plans** and select the “**Phothera Home Phototherapy Initiation**” plan.

IMPORTANT: **DO NOT** select the “**Home Phototherapy Initiation**”, if you see more than 3 Phothera devices you are in the incorrect plan.

Click “**Save.**”

Screen Reference

Test, Phothera
1/1/90 (36) M

Select Room Home Tasks Call Btn Alerts Overview Exam Quick View More No e/m

Add Sticky Note

Visit Settings Manage

February 27, 2026 09:06 AM

Bill as Established Patient

Provider Fee Schedule: Pm Setup Standard Fee

Follow Up Addtl Visit Notes

Hold Visit Override Billing Take History

Enter Exam Room

Note Outputs

Finalize Visit

Impressions & Plans

No data added

Add Impressions and Plans Comments

Impressions

Psoriasis

Morphologies

diffuse hyperpigmentation on sunex

Popular Plans

Order Tests

Counseling - Psoriasis

Phothera Home Phototherapy Initiation

Prescription

Home Phototherapy Initiation

Morphology (Psoriasis)

PASI Calculation

Plans

Phothera Home Phototherapy Initiation

Save Cancel

The “**Phothera Home Phototherapy Initiation**” plan will load.

Click “**Resume**” to open and edit it.

Impressions & Plans

Save

Cancel

Morphologies

Psoriasis

diffuse hyperpigmentation on sunexposed skin and psoriasiform plaques with micaceous scale

Delete | Add Plans | Complexity and Status | More

Assessment

[Review assessment questions](#)

Plan: Phothera Home Phototherapy Initiation

Delete | Add Optional Body Location | Resume

Device: E0691- Phothera 100XL: Handheld Device for Spot Treatment
Protocol To Use: NBUVB

Will this prescription be processed through the patient's insurance? yes
Is the condition chronic? yes
Is the patient reliable, motivated, and able to adhere to instructions? yes

The risks of home phototherapy were reviewed with the patient including but not limited to: burn, pigmentary changes, pain, blistering, scabbing, redness, increased risk of skin cancers, and the remote possibility of scarring. I certify that I

Details Tab:

Select **“Zone”** based on your standard practice for the individual patient’s situation.

Select **“Skin Type”** based on the individual patient’s situation (**Type I can be used as default.**

Select a **Phothera Home Phototherapy Device**.

Keep default protocol as **NBUVB**.

Select default frequency (**3x/week**) and **Lifetime** for Treatment count.

Cancel Details Done

Psoriasis | Phothera Home Phototherapy Initiation

Test, Phothera | M | DOB: 01/01/1990 (36)

Details

Location

Protocol

Consent

Post-care

Detail Level ⓘ

Zone

Skin Type

n/a

Home Phototherapy Device Used ⓘ

E0691- Phothera 100XL: Handheld Device for Spot Treatment

Protocol ⓘ

NBUVB

Frequency of At Home Treatments ⓘ

three times a week

Test, Phothera | M |

Detail Level ⓘ

Zone

Skin Type

II

Home Phototherapy Device Used

E0691- Phothera 100XL: Handheld Device for Spot Treatment

☐ n/a

☒ E0691- Phothera 100XL: Handheld Device for Spot Treatment

☐ E0691- Phothera 200: Panel Device for Hands/Feet

☐ E0694- Phothera 600-3D: 8-Lamp, Full Body

Action

4

Keep default of **Lifetime** for Treatment count.

If needed, adjust whether the device will be processed through patient insurance and chronic nature of the condition (defaults = yes) .

Enter all **previous treatments** and whether they were effective. Be detailed — required for insurance and prior authorization.

Include in-office phototherapy history and duration.

Select **all applicable reasons** the patient is recommended for **home phototherapy**.

Screen Reference

Treatment Count ⓘ

Lifetime

Will this prescription be processed through the patient's insurance? ⓘ

yes

Is the condition chronic? ⓘ

yes

Previous Treatments

Topicals

Were previous treatments effective?

no

☒ n/a☐ yes☐ no

Has the patient been treated with UV light therapy in the office?

n/a

Reasons for Home Use

☐ therapy is considered long-term☐ in-office phototherapy is not available to the patient☒ distance and travel time to the office☐ copay cost of frequent in-office visits☒ unable to take time from work or school☐ chronic health conditions prevent traveling

Has the patient been treated with UV light therapy in the office?

yes

Did the patient's condition improve with in-office phototherapy?

yes

How many months of in-office UV light were administered?

3+ months

3

iPad — Option A: Virtual Exam Room (continued)

Action

5

Location Tab: Select treatment locations.

No changes needed on Protocol, Consent, or Post-Care tabs.

Click **DONE** to save the plan and return to the Virtual Exam Room.

Click “**Save Visit Note**”.

Screen Reference

Details

Location

Protocol

Consent

Post-care

Location (Body Touches will Override)

☐ full body

☐ upper body

☐ hands

☐ feet

☐ hands and feet

☐ chest

☐ back

Cancel

Details

Done

Psoriasis | Phothera Home Phototherapy Initiation

Test, Phothera | M | DOB: 01/01/1990 (36)

6

To **Fax** the prescription **return to the Visit Overview**.

Then click on the “**More**” and the “**Fax**” icon.

IMPORTANT: The order has to be faxed from within the Visit Note, NOT the Patient chart

Overview Exam Quick View More No e/m

Touch & hold an icon to customize this view
Restore Hidden Buttons

History Drawing Audio and Video Chat Edit Patient Clipboard

Consents PDF Manager Patient Attachments Cancer Log Patient Education

Quality Measures Procedure Log Camera Fax Historical Drawings

7

To fax the order to Phothera, **select Phothera as a contact** (Fax #: 216-765-0271).
Select **“Template” Attachments**.

⚠ Order of attachments matters: Add **Visit Notes** first, then add the **Order**.
The sequence is important. The link to Add/Removes Orders appears only when the correct visit is attached.

Toggle Include: HIPAA Cover Sheet + Face Sheet + Summary + Save fax to chart upon sending.

Click **“Done”** and **“Send”**.

The image displays three overlapping screenshots from an iPad application used for faxing orders.

Top Screenshot (Fax Details): Shows the 'To:*' field with 'Phothera' selected (highlighted by a red box). The 'Template:*' field has 'Attachments' selected (highlighted by a red box). The 'Header' section shows 'Template Header' selected. The 'Custom Header Text' field is empty. Below this is a preview of the fax content, including the date 'February 27, 2026', the recipient 'Phothera Fax: (999) 999-9999', and the salutation 'Dear Phothera,'.

Middle Screenshot (Fax Lab Order Attachments): A pop-up window showing a list of attachments. The first item, 'February 27, 2026 09:06 AM - Phothera Home Phototherapy Initiation', is selected (highlighted by a red box and a blue checkmark). A blue arrow points to this selection.

Bottom Screenshot (Additional Documents): A screen for selecting additional documents to include in the fax. It shows 'File Attachments' and 'Visit Notes' with plus icons. Below these are 'Orders' and 'February 27, 2026 09:06 AM' with plus icons. Blue arrows point to the 'Visit Notes' and 'Orders' plus icons.

Right Screenshot (Include Section): A section titled 'Include:' with four toggle switches: 'HIPAA Cover Sheet' (on), 'Summary' (on), 'Body Diagram' (off), and 'Face Sheet' (on). Above this is a toggle for 'Save fax note to patient's chart when sending' (on).

Numbered Instructions:

1. Add the “Visit Notes”
2. Add the “Order” and select the order in the pop-up window

The Fax will have all information associated as shown below.

HIPAA cover sheet You are viewing a sandbox site. Do not add any PHI content.

This fax is intended only for the use of the person or office to whom it is addressed, and contains privileged or confidential information protected by law. All recipients are hereby notified that inadvertent or unauthorized receipt does not waive such privilege, and that unauthorized dissemination, distribution, or copying of this communication is prohibited. If you have received this fax in error, please destroy the attached document(s) and notify the sender of the error at the contact information below.

Attachments Template Page

Test, Phothera

PMS ID: Sex: DOB: Phone: MRN:
112646PAT000000137 Male 01/01/1990 (123) 456-7890 MM0000000127

February 27, 2026

Phothera
Fax: (999) 999-9999

Dear Phothera,

Please find the attached documents.

Regards,

Visit Notes

Test, Phothera

Visit Note - February 27, 2026

PMS ID: Sex: DOB: Phone: MRN:
112646PAT000000137 Male 01/01/1990 (123) 456-7890 MM0000000127

Medical History

Social History

Smoking status - Unspecified

Impression/Plan:

1. Psoriasis (L40.0)
Diffuse hyperpigmentation on sunexposed skin and psoriasiform plaques with micaceous scale

Plan: Phothera Home Phototherapy Initiation.
Device: E0691- Phothera 200: Panel Device for Hands/Feet
Protocol To Use: NBUVB
Location: hands and feet
Skin Type: II

Will this prescription be processed through the patient's insurance? yes
Is the condition chronic? yes

Previous treatments:
triamcinolone
Previous treatments were ineffective.

Has the patient been treated with UV light therapy in the office? yes
Did the patient's condition improve with in-office phototherapy? no
How many months of in-office UV light were administered? 3+ months

Phothera's Order

Test, Phothera

EMA ID: 1694635

Orders - February 27, 2026

PMS ID: Sex: DOB: Phone: MRN:
112646PAT000000137 Male 01/01/1990 (123) 456-7890 MM0000000127

PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME Test		FIRST NAME Phothera		LAST NAME Test		FIRST NAME Phothera	
SEX Male		DOB 01/01/1990		RELATIONSHIP TO PATIENT Self			
STREET ADDRESS 123 Main Street				STREET ADDRESS 123 Main Street			
STREET ADDRESS CONTD				STREET ADDRESS CONTD			
CITY Boca Raton		STATE FL		CITY Boca Raton		STATE FL	
ZIP CODE 01234		HOME PHONE 1234567890		ZIP CODE 01234		HOME PHONE 1234567890	
CELL PHONE		EMPLOYER NAME		WORK PHONE			
EMAIL test@gmail.com				EMAIL test@gmail.com			
PRIMARY BILLING / INSURANCE INFORMATION							
SUBSCRIBER NAME Phothera Test		RELATIONSHIP Self		COMPANY NAME Aetna Health Plans		GROUP/CONTRACT # 1234567	
STREET ADDRESS PO Box 8395				STREET ADDRESS CONTD			
CITY San Francisco		STATE CA		ZIP CODE 940468395		EMPLOYER NAME	
DIAGNOSES							
Diagnosis	ICD Code	Description					
1	L40.0	Psoriasis vulgaris					
Phothera Home Phototherapy Initiation							
Device: E0691- Phothera 200: Panel Device for Hands/Feet Protocol To Use: NBUVB Location: hands and feet Skin Type: II							
Will this prescription be processed through the patient's insurance? yes Is the condition chronic? yes							
Previous treatments: triamcinolone Previous treatments were ineffective.							
Has the patient been treated with UV light therapy in the office? yes Did the patient's condition improve with in-office phototherapy? no How many months of in-office UV light were administered? 3+ months							
Reasons for Home Phototherapy: in-office phototherapy is not available to the patient and unable to take time from work or school Is the patient reliable, motivated, and able to adhere to instructions? yes							
The risks of home phototherapy were reviewed with the patient including but not limited to: burn, pigmentary changes, pain, blistering, scabbing, redness, increased risk of skin cancers, and the remote possibility of scarring. I certify that I am the physician identified on this form. I have reviewed this Physician's Written Order. Any statement on my letterhead hereto has also been reviewed and signed by me. I certify that this patient and/or caregiver is capable and will be trained on the proper use of the products prescribed on this Written Order. The patient's record contains supporting documentation substantiating the utilization and medical necessity of the listed product, and the physician's notes and other supporting documentation							

SECTION 4

Pulling a Report

EMA Analytics walkthrough

1

Go to: Analytics > Clinical & Operational > Data Explorer > Visit Summary (Virtual Exam Room) report.

Add dimension: Plan Name.

Add measure: Visit Count.

(as well as any other dimensions and measures from the list)

Click the magnifying glass next to **Plan Name** and filter for: **Phothera Home Phototherapy Initiation**.

Add patient and provider details as needed.

Financials Clinical and Operational Compliance Inventory Patient Engagement

Clinical and Operational
View clinical and operational reports for your practice.

Specialty Specific
View specialty specific reports for your practice.

Data Explorer
View clinical data sets and create custom reports for your practice.

Visit Summary (Virtual Exam Room)

Service Date Include Test Patient? Facility Primary Provider

Select date Service Date Month/Year Primary Biller Patient Name

Dimensions

Search in list...

- Patient PMSID
- Plan Name**
- Primary Biller
- Primary Provider
- Procedure Body Location - ...
- Procedure Body Location - ...

Measures

- CPT Count (Total)
- Patient Count
- Protocol Visit %
- Visit Count**

Visit Summary (VER) Custom

Plan Name	Visit Count
Totals	13
Home Phototherapy Initiation	13

SECTION 5

Key Details

Fax #, NPI, defaults, checklist

5

Key Ordering Details at a Glance

For sales reps and provider reference

Item	Detail
Phothera Fax Number	216-765-0271
Phothera NPI	1326105842
Plan Name in EMA	Phothera Home Phototherapy Initiation
Device Technology	All devices are NBUVB-based with guided mode
Default Skin Type	Type I — change if patient's known skin type differs
Recommended Frequency	3x per week (AAD recommendation, pre-loaded as default)
Treatment Count	Lifetime (no need for frequent refills)
Required Fax Attachments	Visit Notes + Order + HIPAA Cover Sheet + Fax Cover Sheet
Prior Treatment History	Document in detail — required for insurance and prior authorization
Fax Setting	Always check 'Save fax to chart upon sending'

NOTE: Thorough prior treatment documentation is required for insurance benefit verification and prior authorization. Be as specific as possible.

SECTION 6

Troubleshooting

Common Situations

Situation

1

Situation: Account is seeing other devices besides the 3 Phothera devices



Root Cause: Wrong Phototherapy initiation plan was selected

IMPORTANT: The process described works only with **Phothera Home Phototherapy Initiation Plan**

Screen Reference

Search for **Phothera**

SELECT **Phothera Home Phototherapy Initiation**

Assessment

Total Body Surface Area (%)

Select A Value

% body covered in psoriasis

Psoriasis PGA

Select A Value

Itch Numeric Rating Scale (NRS)

Select A Value

How severe is your itching?

Morphology

Search Morphology

Custom Morphology

+ Auspitz Sign

Search Plans

Search by Name/Code

Popular Plans

Order Tests

Counseling - Psoriasis

Phothera Home Phototherapy Initiation

Prescription

Home Phototherapy Initiation

Morphology (Psoriasis)

PASI Calculation

Referral

Situation

1

Situation: Account cannot attach the order



Root Cause: FAX is being initiated from the patient chart instead of from the visit notes (the order is tied to the visit)

“Add/remove Order” is specifically available **when faxing from the visit note, not when faxing from the patient's chart.**

It is, however, available even for notes that have been re-finalized.

Strong recommendation: providers to enter all the appropriate documentation prior to finalizing the visit the first time, if only to save them time!

Screen Reference

1

Add/Remove Attachments (0)
Add/Remove Visit Notes

Click “**Add/Remove Visit Notes**,” check off the visit note to fax, then click Select. **This must be the visit note in which the order was entered.**

2

Date	Note Type	Author	Status
☒ Mar 31, 2026 2:48:50 PM	Visit		Preliminary
☐ Feb 27, 2026 9:06:41 AM	Visit		Final

3

Once the correct order is selected, the “**Add/Remove Orders**” appears and can be selected to check off the appropriate order:

Add/Remove Attachments (0)
Add/Remove Visit Notes (1)
Add/Remove Orders

TIP

The key here is to click *** into * the visit (as seen below)**, NOT just the patient's chart overview. The order can only be faxed from WITHIN the Visit Note.

Patients > Test, Phothera > Visit Note (Mar 31, 2026) • Preliminary

There are no billing components present within the visit.

Actions Workflow More Inventory Log synApps

Icons Procedure Logs View Visit Note View Enc. Form View Rx View Orders View Path Req. View Handout Patient Education Create Protocol from Visit Fax