Integrated Website Customization
05/06/2021 Training Task

Please complete the following:

1. Add Location
   a. Location Name: (Your Name) Test
   b. Address – 123 Mockingbird Lane, Goshen NY 10924-9999
   c. Phone – 999-555-1234
   d. NPI – 987654321
   e. Hide from Website

https://ehr.wrshealth.com/practice_new/AddPractice2.phtml?practiceid=2431314&locationid=

🔒 ehr.wrshealth.com/practice_new/AddPractice2.phtml?practiceid=2431314&locat

Add / Edit Your Location	
Location Name*	LEA TEST
Contact Name	
Street Address 1*	123 Mockingbird Lane, Goshen NY 10924-9999
Street Address2	
City*	Goshen
State*	New York ⌄
Zip Code*	10924-9999 Enter xxxxx-xxxx
Phone*	(999) 555 - 1234
Fax	( ) -
Email	
NPI	987654321
TIN	
Primary Location	☐
Billing Location	☐
Hidden from Practice Website	☑
	Reset Save Cancel

2. Edit Practice Info
   a. What is the format and size of logo that will be uploaded? PNG format and 117w x 117h pixels
   b. If there's a logo uploaded, provide areas where this can be seen:
      i Beside the name of the practice on the website
      ii Beside the name of the practice on the emails to be sent to patients
      iii Beside the name of the practice generating clinical notes to be sent out

3. Edit Website Style

      a. Briefly discuss steps on how to embed a practice website to WRS.

If a practice have their very own website for themselves, they can opt for the Embeddable version of WRS. To integrate this to their system, we provide the following link to the practice: https://ehr.wrshealth.com/patient_v2/index.php?patientView=1&id=2431314. Once clicked, they will be redirected to the WRS Integrated Patient Portal to Log-in or Register.

4. Briefly discuss the purpose of Educational Materials and Practice Instructions.

The educational materials provided by the Practice are helpful for their patients especially on understanding more on their specific health condition or just additional information about a certain disease and more.

5. Update Provider's Photo using any image: you can select any provider (indicate the name of the provider on your return email/MSW document)
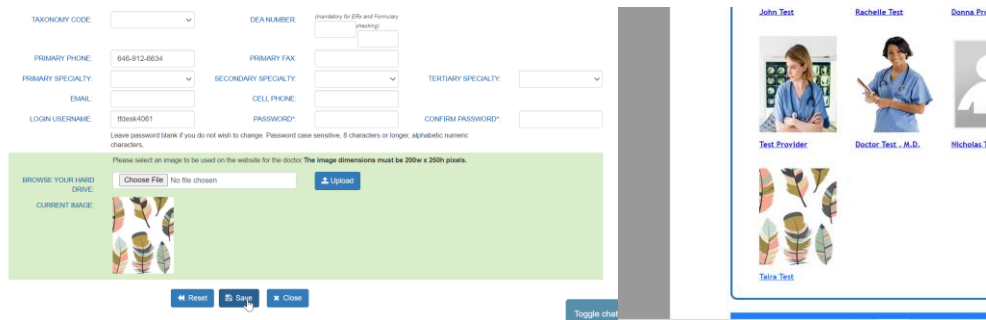
PROVIDER NAME: "TAIRA TEST"

PHOTO:

6. Add Practice Document

      a. Use ANY PDF document of your choice and the label should be your FNAME, TEST

      b. Show on Forms page