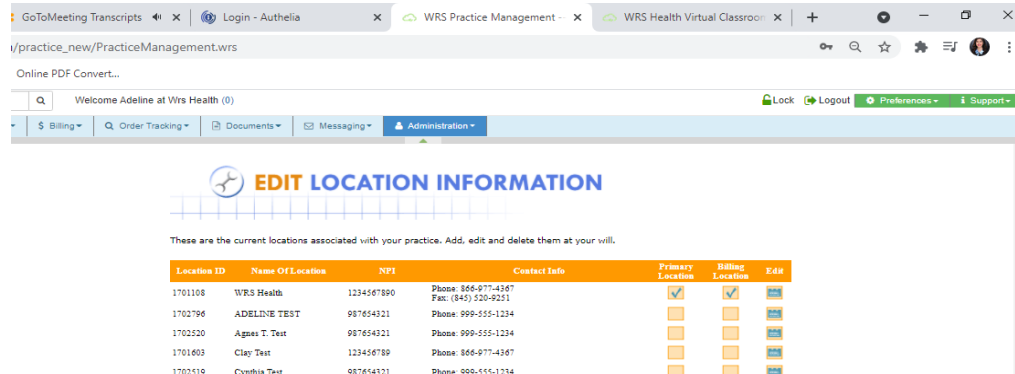


Integrated Website Customization Task 2

1. Add Location - **Done**

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



2. Edit Practice Info - **Done**

a. What is the format and size of logo that will be uploaded? **Maximum image dimensions: 117w x 117h pixels.**

b. If there's a logo uploaded, provide areas where this can be seen:

- i **in the e-mails**
- ii **upper left of the website beside the name of the practice**
- iii **in the clinical notes**

3. Edit Website Style - **Done**

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

- **Edit Website Style**
 - here you can change the look of your website by choosing different layouts, schemes, colors and banner images a. Should you opt to embed your patient portal ONLY, to an existing, outside website, you can choose the embedded option which will remove all access to the website and keep portal access only. You can then place the URL on your existing website so patients can redirect to access their health records.

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

- **Education Materials**, here you can add educational material to provide to patients on their diagnosis and **Services**, here you can offer patient's information on services you offer.
- **Practice Instructions**, here you can edit any of the pre-populated instructions already provided by WRS; or you can add your own. For any of the pre-populates selections; all you must do is select them to populate on the website. Here, we provide instructional information on both follow up care and in office instruction.

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) – **Done**

Providers name: PROVIDER TEST

ert... Online PDF Convert...

Welcome Adeline at Wrs Health (0)

EMR Billing Order Tracking Documents Messaging Administration

Lock Logout Preferences Support

FIRST NAME: TEST MIDDLE NAME: LAST NAME: PROVIDER

PREFIX: DEGREE/SUFFIX (E.G., PH.D., PA, MD, ETC.): TITLE (E.G., NURSE, ETC.):

DOB: 02/01/2021 SEX: Female Male SSN:

UPIN NUMBER: NPI NUMBER: DEPARTMENT (Mandatory for ERs and Formulary checking):

TAXONOMY CODE: DEA NUMBER: PRIMARY PHONE: PRIMARY FAX: TERTIARY SPECIALTY:

PRIMARY SPECIALTY: SECONDARY SPECIALTY: CELL PHONE: CONFIRM PASSWORD:

EMAIL: atraine0423 PASSWORD: ***** Password entries do not match

LOGIN USERNAME: tprovider8040

Leave password blank if you do not wish to change. Password case sensitive, 8 characters or longer, alphabetic numeric characters.

Please select an image to be used on the website for the doctor. The image dimensions must be 200w x 250h pixels.

BROWSE YOUR HARD DRIVE: Choose File | No file chosen Upload

CURRENT IMAGE: [Placeholder Icon]

Reset Save Close

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