DAY 4

PRACTICE SET UP

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

Location	Nenia Test			ELe
Name* Contact Name		cuments -	🖂 Messaging - 🔥 Administration -	
Rreet Address	123 Mockingbird Lane, Goshen NY 10924-9999	087654321	Phone: 000-555-1234	
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ty=	Goshen	067684321	Email: test@email.com	
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Vebsite	2	- 1987654321	Contact: Wayne Phone: 000-444-1234	

e. Hide from Website

2. 2. Edit Practice Info

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

Logo can be seen next to the name of the Practise

- -It can also be seen in any email sent to the Patient
- such as:
- *welcome email
- *Confirmation emai
- *Appointment email

Clinical notes

3. 3. Edit Website Style

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

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**When the Practice has other wesite what we do is, under the Lay-out, we click the embedable tab, we don't customize the color and the banner. We also advice the practice to put notification on the website letting them know that they are redirected to WRS Health.

Ex. You have been successfully redirected to WRS Health

4.Educational Materials contains links that the practice distribute to the Patient for them to be informed about their conditions. While Educational Instruction Patients are provided information that they can modify or add information.

5. Providers Name: Test Faith

UPIN NUMBER:		NPI NUMBER:		
TAXONOMY CODE:	v	DEA NUMBER:	(mandatory for ERr and Formulary crecking)	
PRIMARY PHONE		PRIMARY FAX		
PRIMARY SPECIALTY	~	SECONDARY SPECIALTY	~	TERTIAR
EMAIL	cynthis edjec	CELL PHONE		
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	Please select an image to be used or	the website for the doctor The image	e dimensions must be 200w x 250h j	pixels.
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