

Dictate Keypad Functions

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|----|-------------------------------------|-----|--|
| 2 | Pause/Play | 77 | Rewind to beginning of the report |
| 3 | Short rewind | | |
| 44 | Forward to end of report | 8 | Complete report and dictate another |
| 5 | End report and playback job number. | *# | Clear touch tone entering/While enter ID, work type or MRN, touch * then # |
| 6 | Priority | *12 | Return to previous prompt |

Listening to Reports

1. Dial: 573-651-5890 Internal: 5890
 2. Enter your Location Number, followed by the # key.
1 – Southeast Hospital 2 – Physical Medicine and Rehab 3 – Occupational Medicine
 3. Enter your Provider ID followed by the # key.
 4. At work type prompt, press *13
 5. Enter your Provider ID followed by the # key.
 6. Enter the Medical Record Number, followed by the # key.
- The most recent report plays.
* Digital voice retention is 3 days.

Listen Keypad Functions

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|---|--------------|----|---------------------|
| 2 | Pause/ Play | 44 | Forward to end |
| 3 | Short rewind | 77 | Rewind to beginning |
| 5 | Disconnect | | |

SoutheastHEALTH

M*Modal Dictation System Instructions

1. Dial: 573-651-5890 Internal: 5890
2. Enter your Location Number, followed by the # key.
1 – Southeast Hospital
2 – Physical Medicine and Rehab
3 – Occupational Medicine
3. Enter your Provider ID followed by the # key.
4. Enter the Worktype, followed by the # key (see SoutheastHEALTH Worktype Table).
5. Enter the Medical Record Number, followed by the # key.
6. Press 2 to Begin recording.
** State and spell patient's name, MRN#, Date of Birth, Date of Service, and identify what type of report is being dictated.
**Dictators requiring supervising physician signature must state they are "dictating for," then give supervising physician's name.
7. For a new report, press 8.
You will be given the job number.
8. To end dictation press 5.
You will be given the job number.

SOUTHEASTHEALTH WORKTYPE TABLE

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|---|--|
| 1 – History and Physical | 19 – Physical Medicine and Rehab OP |
| 2 – Consultation | 20 – Progress Note |
| 3 – Discharge Summary | 21 – Hospice Note |
| 4 – Operative Procedure Report | 23 – Post-Admission Physician Assessment |
| 5 – Outpatient Consult | 24 – Plan of Care |
| 6 – Transfer Note | 27 – Code Blue Note |
| 7 – Letter | 30 – Echocardiogram Report |
| 8 – ER Note | 31 – Transesophageal Report |
| 9 – ER Admit Note | 32 – Stress Test |
| 10 – Radiology | 33 – Pulmonary Report |
| 11 – Neurophysiology (EEG) | 34 – Carotid Duplex/Doppler Scan |
| 12 – Neurophysiology (EMG) | 35 – Holter Monitor Report |
| 13 – Neurophysiology (SEP) | 36 – Cardiac Cath Report |
| 14 – H&P and Discharge Summary (combined) | 37 – Non-Invasive Procedure |
| 15 – Pre-Op History and Physical | 62 – Occupational Medicine Note |
| 16 – Physical Medicine and Rehab | 63 – Neurophysiology (ENG) |
| 17 – Infectious Disease Note | 66 – Neurophysiology (Audio) |
| 18 – Polysomnography | |