



## Custom Documentation Request

TheraOffice is unique in that it has the ability to completely customize the documents that providers use for their everyday practice. The Professional Services team will work with the customer to create a document that is unique to the individual practice. This completely customizable features allows for a software that can be bent and shaped to the needs of the practice. Giving your practice true full range of motion, without having to adapt to a software's limitations.

### How Does It Work?

1. Complete the attached form and fax it back to Hands On Technology Inc. directly.
2. Hands On Technology Inc's Professional Services team will review the request and determine feasibility and the amount of time needed to complete the documentation.
3. A written proposal will be either emailed or faxed back once completed.
4. Review the proposal, if satisfied the signed proposal is faxed back to Hands On Technology Inc.
5. Upon receiving the signed proposal, Hands On Technology Inc.'s Professional Services will begin work on the documentation.
6. Once complete, a Hands On Technology Inc. Professional Services developer will contact the facility and transfer the report files via the internet or via CD.
7. Documentation will be tested for accuracy.

### What Kind Of Documentation Can Be Created?

Impressively anything from the point of a document data being created to the actual report itself and its layout is fully customizable. This includes data sections, subsections, drop downs, common phrases, and the display of the report.

### How Much Does It Cost?

Custom Documentation involving our Professional Services team is charged at \$100/hour. The number of hours will be determined by our team based on your request. Further modifications after delivery will require an additional request and possible subsequent charge.

### How Do I Get Started?

Complete the form below and please fax it back to us at: (630) 455-1865.



Phone 630.455.1863 Fax: 630.455.1865



**Facility Information:**

**Facility Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone #:** (     )     -

**Fax #:** (     )     -

**Email:** \_\_\_\_\_

**Documentation Information:**

Depending on the changes desired it may be necessary to attach along with this document a template of the report that is desired or a screen shot of the changes that should be made. In the following space provided, please provide as much detail about the changes that need to be made, and attach any documents, images that may assist in the creation of the custom documentation.

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