Custom Vital Request

With the release of the 10.1.0.15 Update, Hands On Technology included an innovative feature called Vitals. These informational-type alerts allow for a better perspective on necessary information throughout the software. The initial release included over 50 unique vitals, but the possibilities really are endless. Any vital that is not already included in the software needs to be requested through our professional services department for custom development.

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 vital.
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 team will begin work on the vital.
6. Once complete, a Hands On Technology Inc. rep will contact the facility and upload the vital.
7. Vital will be tested for accuracy.

What Kind Of Vitals Can Be Created?
A good rule of thumb is that if the data is collected in TheraOffice then there is a good chance it can be pulled out into a vital. Make sure your request is as detailed as possible with what you are looking for, and our team will do their best to get the request fulfilled.

How Much Does It Cost?
Every custom vital will be different. Some may take minutes, while others may take hours. Because of this, a formal proposal with a fixed price will be sent after evaluation of the attached form. Pricing for custom vitals are based on the estimated working time for completion, with the rate at $75.00 per hour. Requests taking less than an hour will have their cost adjusted appropriately.

How Do I Get Started?
Complete the form below and please fax it back to us at: **(630) 455-1865.**

TheraOffice®

Facility Information:

    Facility Name: _____

    Contact Name: _____

    Phone #:   (   )   –

    Fax #:   (   )   –

    Email: _____

Vital Information:

    Vital Title: _____ *(If vital is a modification of a pre-existing vital, please indicate exact existing vitals name)*

    Vital Location (check all that apply):
    ___ Accounting Patient Navigator
    ___ Scheduling Patient Navigator
    ___ Scheduling Check In
    ___ Scheduling New Appointment
    ___ Documentation Patient Navigator
    ___ Documentation Data Editor

    Vital Explanation:

    _____

    _____

    Vital Display:
    Please provide an example of how you would like the vital formatted. For example:

EXAMPLE	Your Request
Date Last Seen *1/1/2015 by Provider One*	

Hands On® Technology