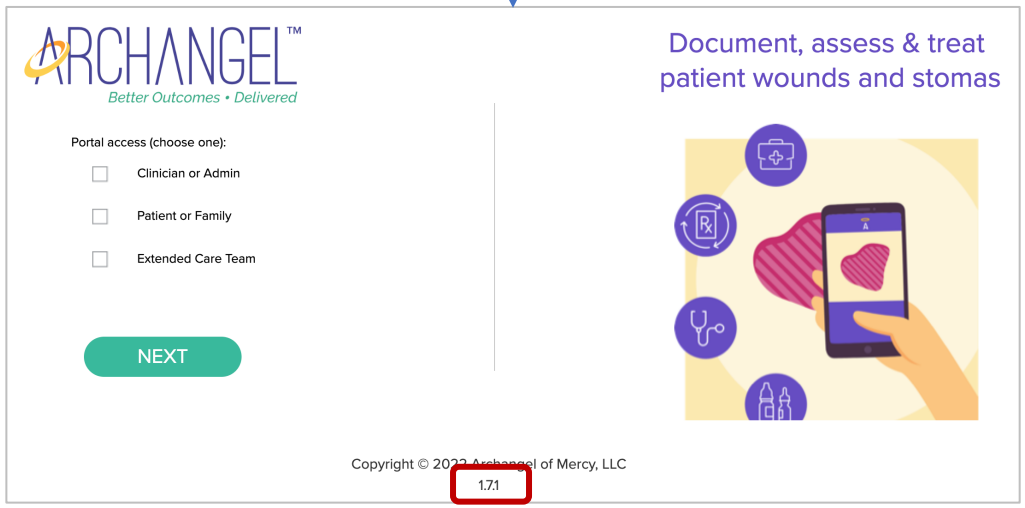
# Release Notes

## Web 1.7.1




*Release Date:*

*10_19_22*

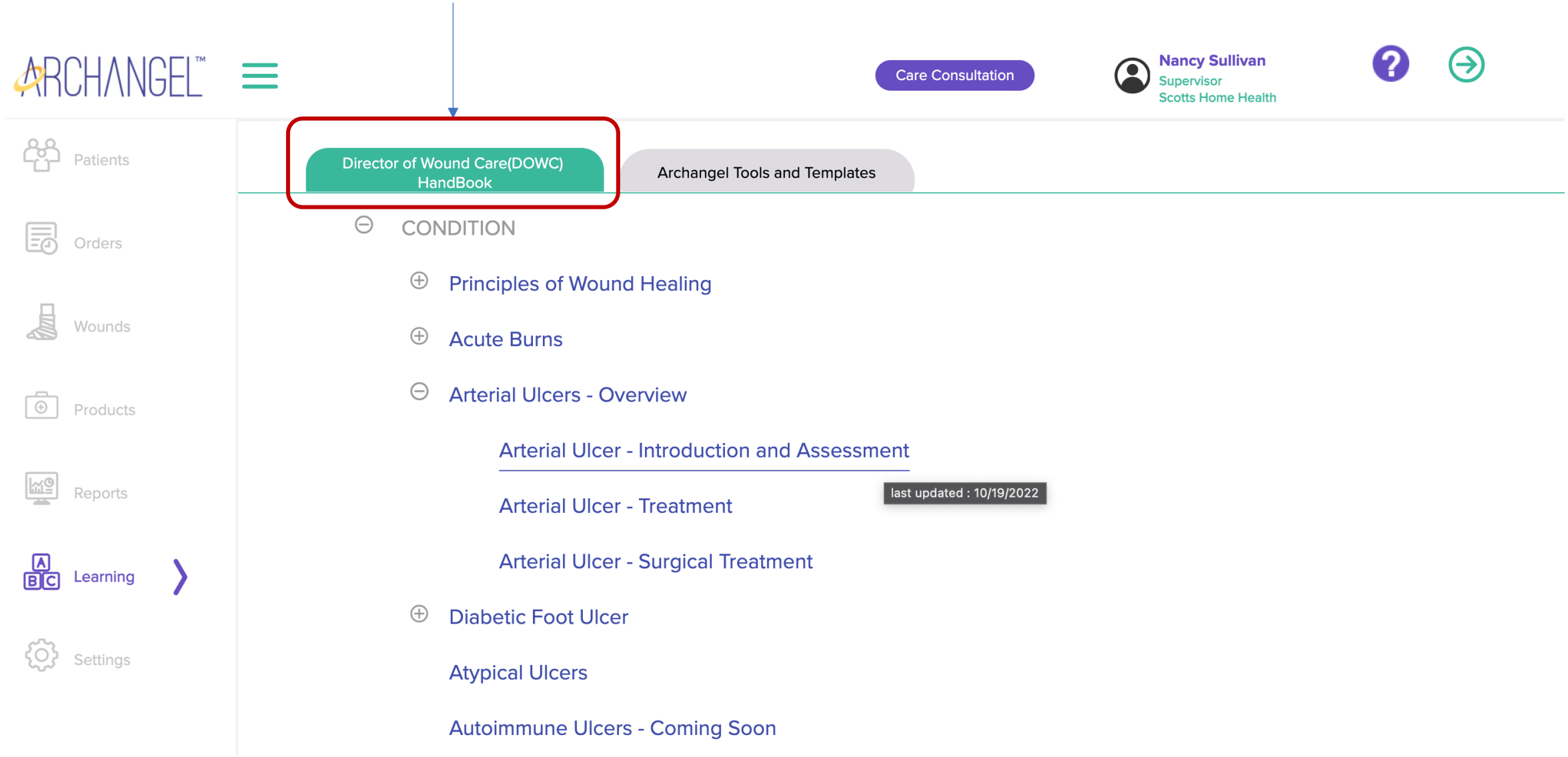
# New Features & Functions in this release

- Web (1.7.1)
  1. Added DOWC Handbook Tab to the Learning Tab
  2. Added Compression Therapy dropdown to the Assessment Required tab
  3. Added Offloading Devices question to the Assessment Required tab
  4. Document Negative Pressure Wound Therapy Treatment Details
  5. Add or Select Physician from dropdown list (TRIAGE USERS ONLY)

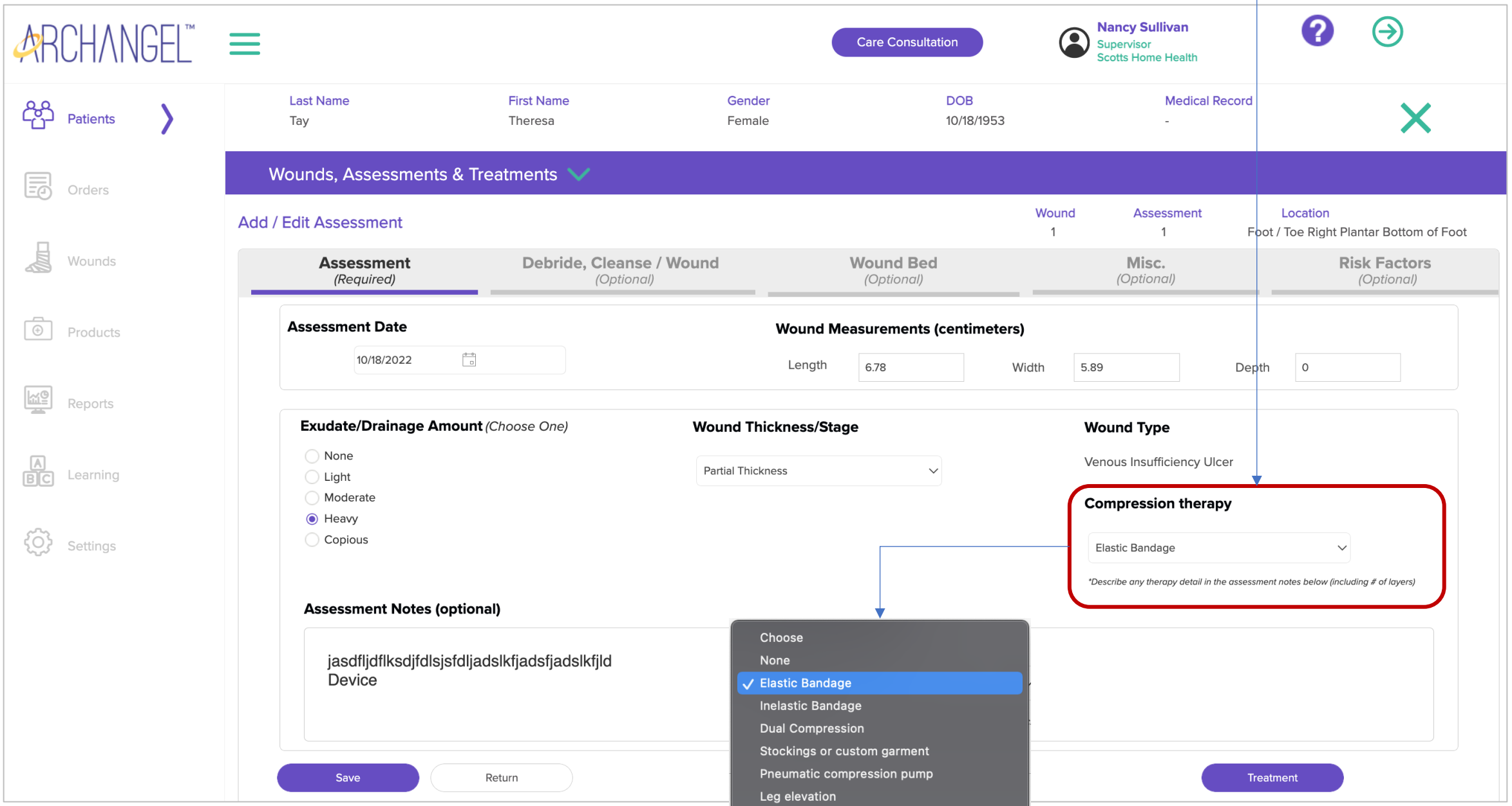
  BUG FIXES

  6. Wound and Physician information displaying correctly on Generated Rx

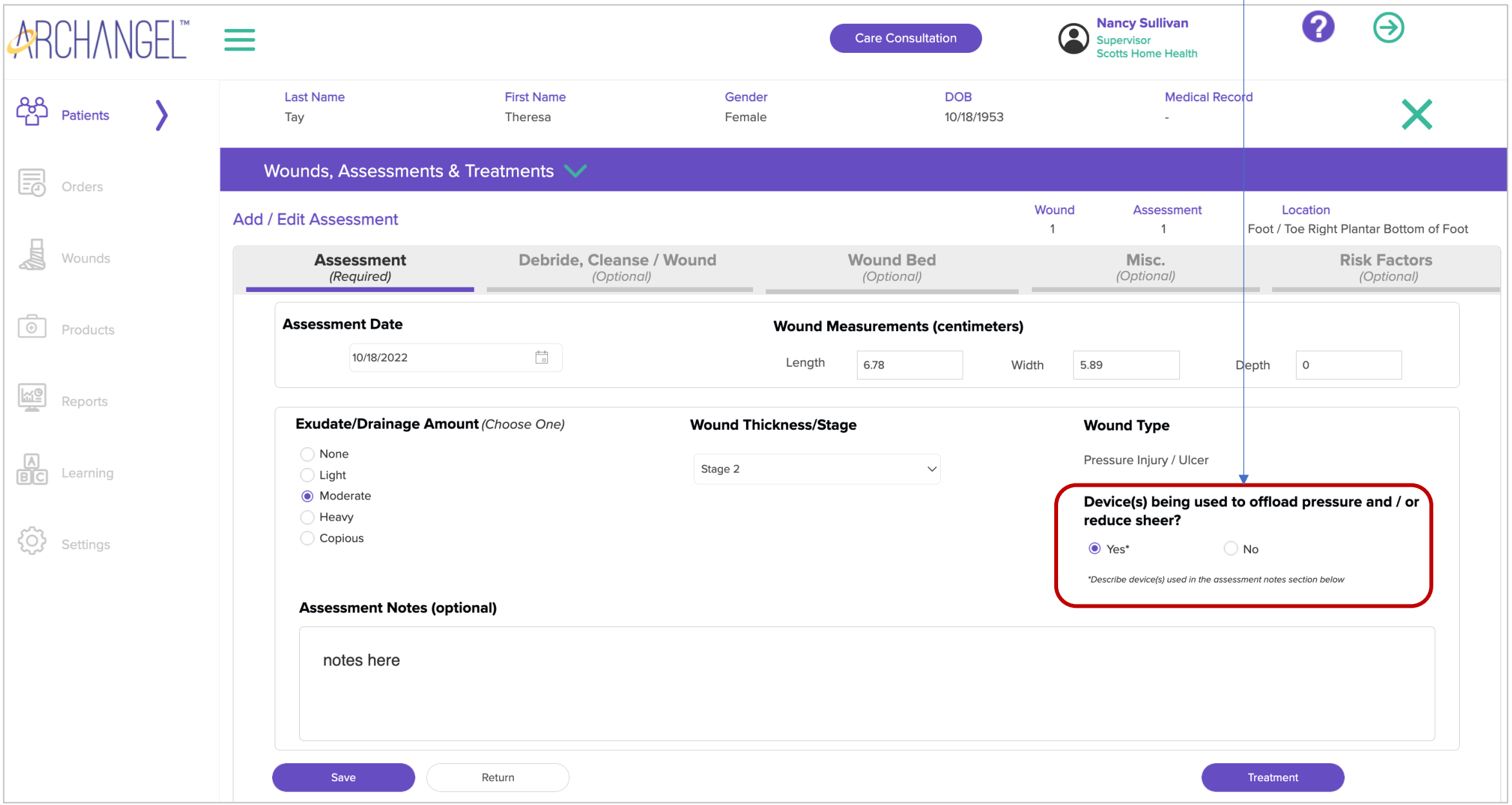
1. Added DOWC Handbook Tab to the Learning Tab – Will contain documents and links to content



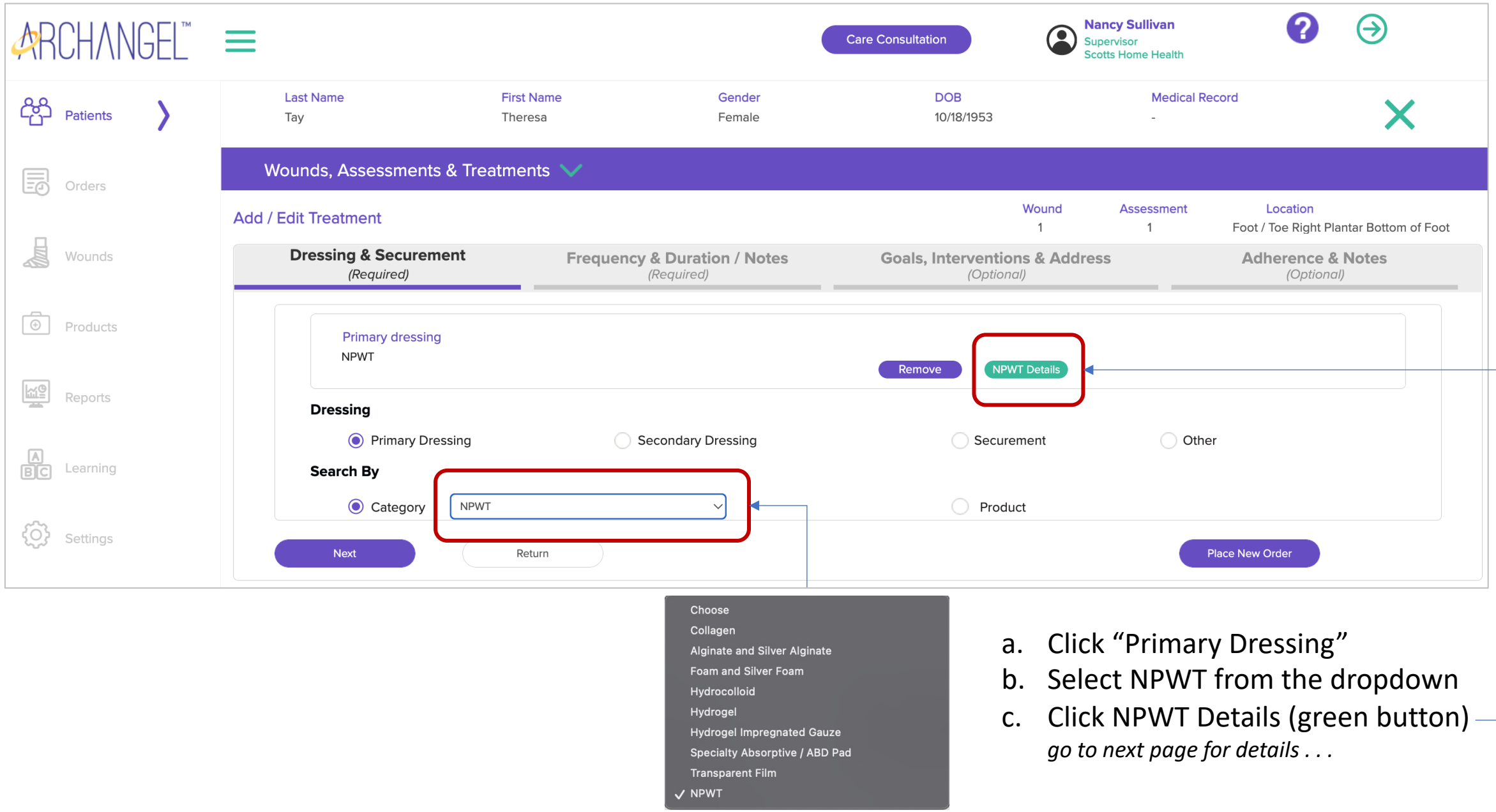
2. Added Compression Therapy dropdown to the Assessment Required tab



3. Added Offloading Devices question to the Assessment Required tab



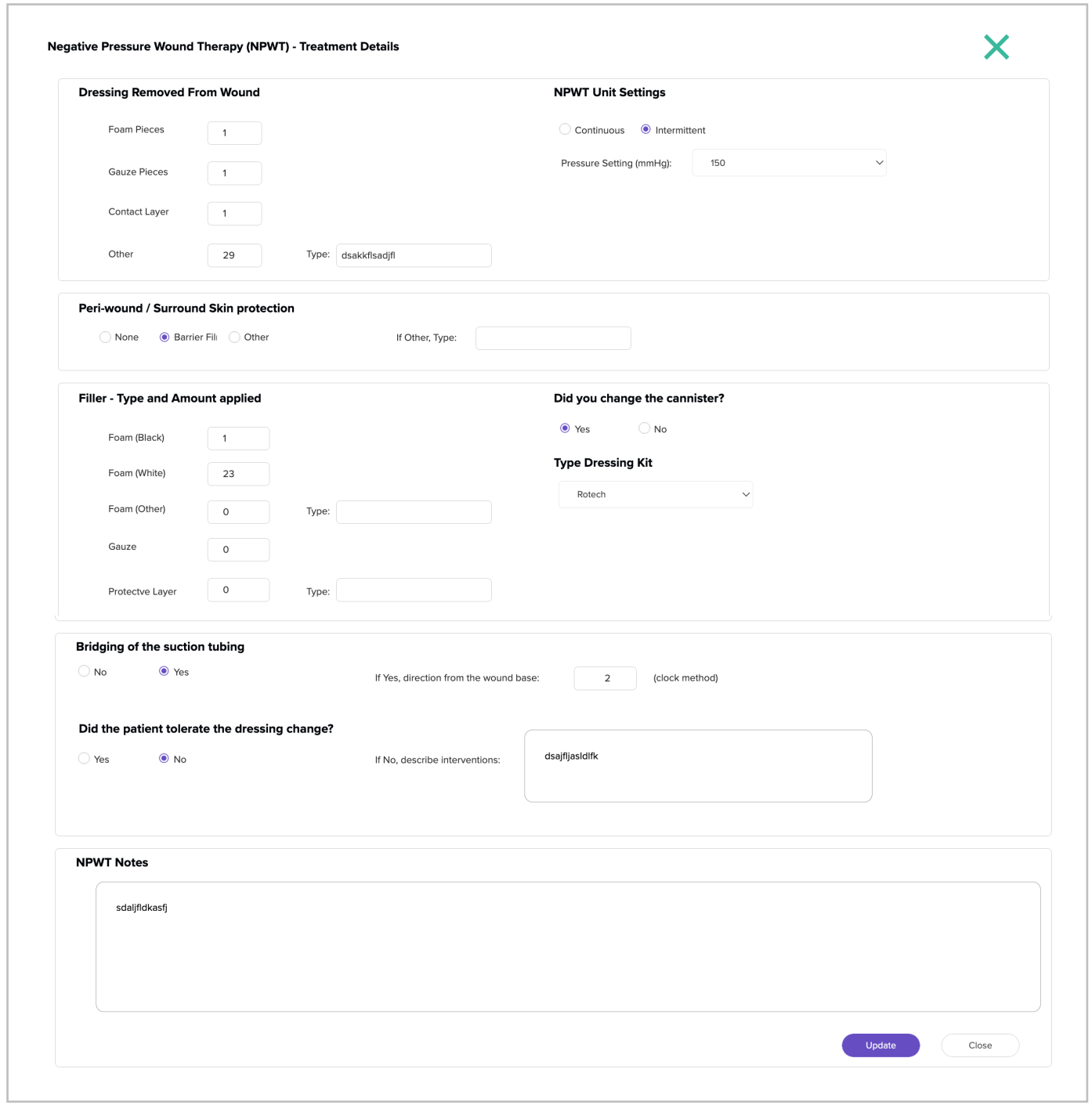
# 4. Document Negative Pressure Wound Therapy Treatment Details



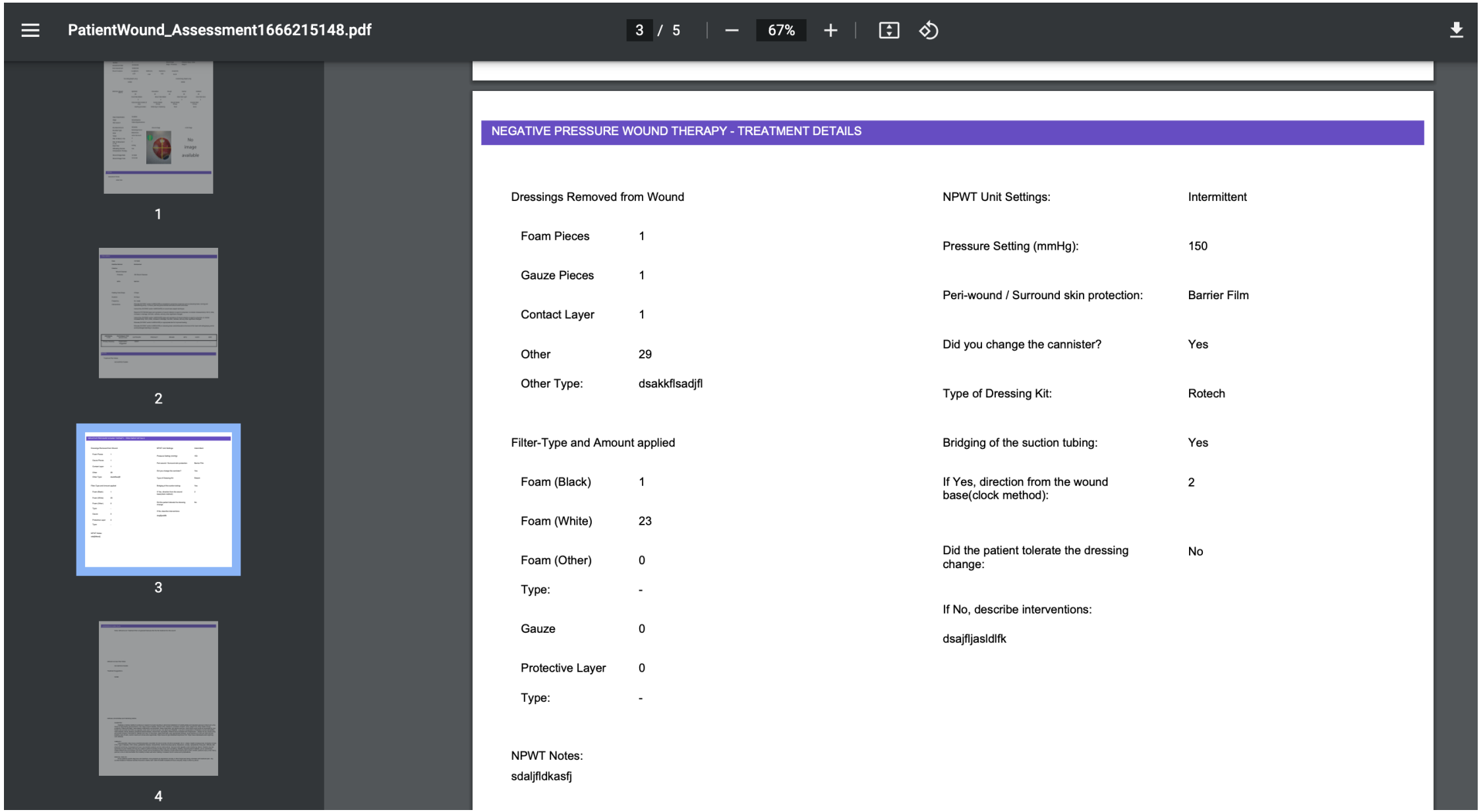

a. Click “Primary Dressing”
b. Select NPWT from the dropdown
c. Click NPWT Details (green button)

*go to next page for details . . .*

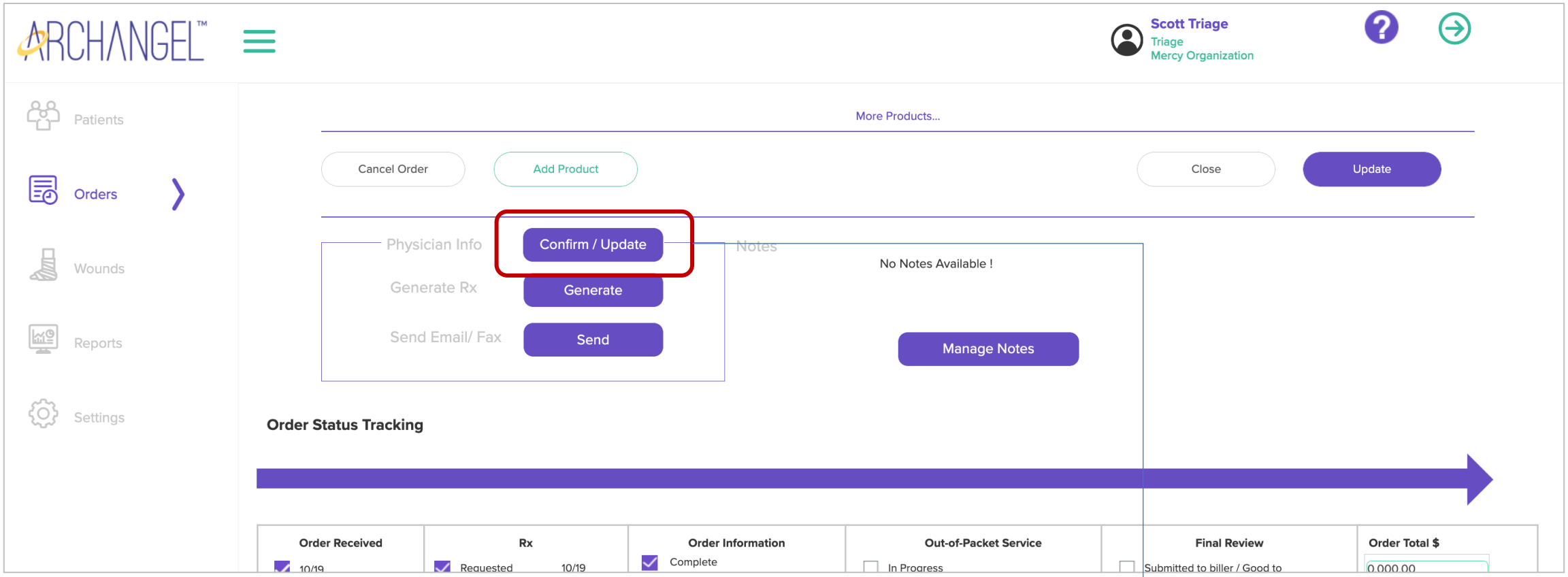
# 4. Treatment Details

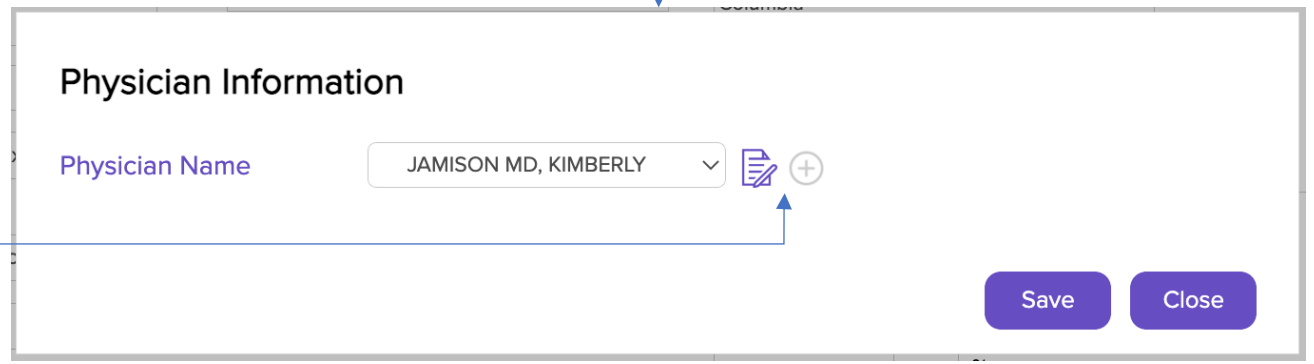


# 4. Treatment Details (are shown on the PDF Assessment Report)



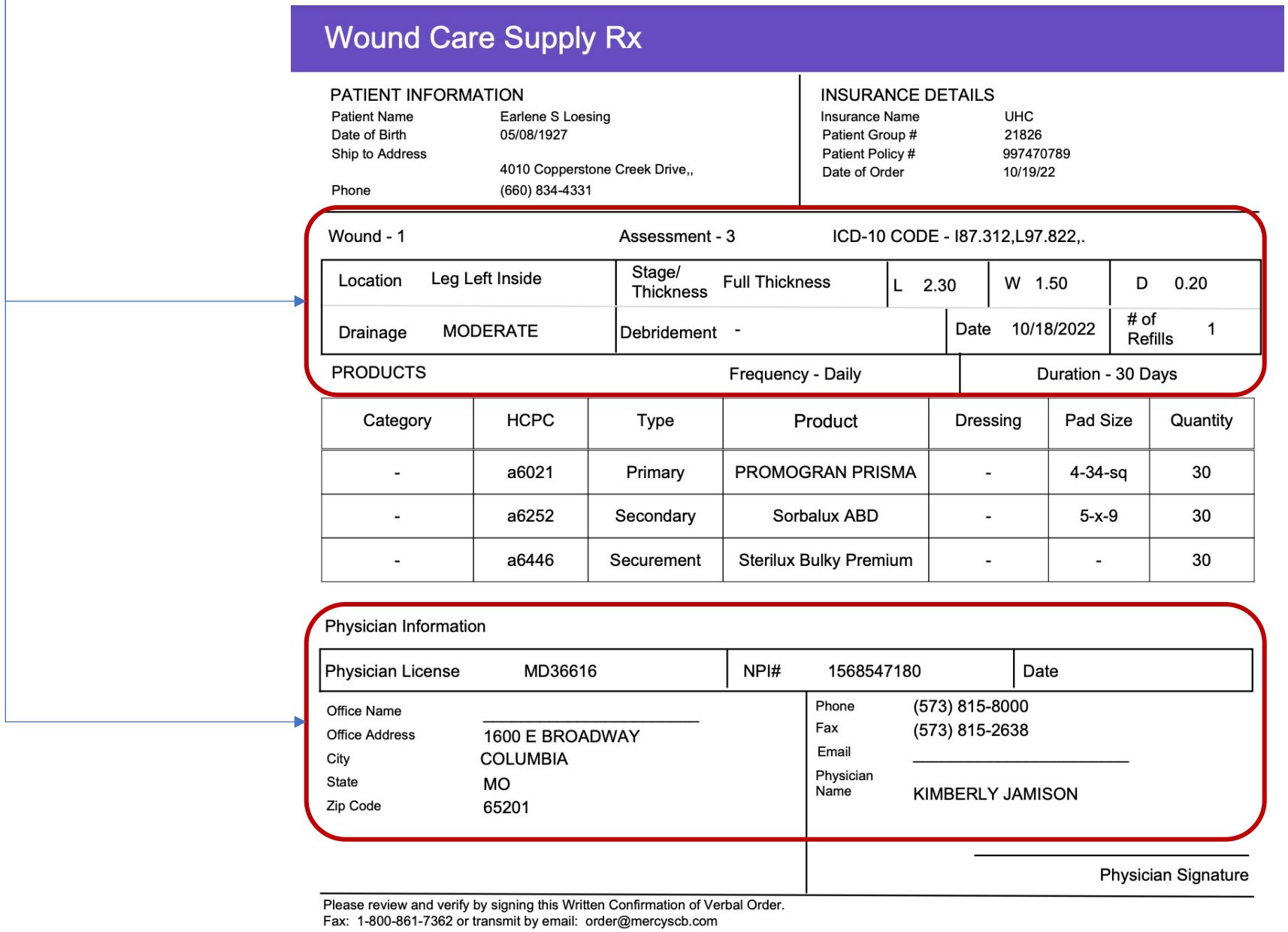
5. Add or Select Physician from dropdown list (TRIAGE USERS ONLY)




a. Click the “+” button to add a new Physician
*b. Click the “Notes” icon to choose an existing Physician*

6. Wound and Physician information displaying correctly on Generated Rx



# Wound Care Supply Rx

**PATIENT INFORMATION**

| | |
|---|---|
| Patient Name | Earlene S Loesing |
| Date of Birth | 05/08/1927 |
| Ship to Address | 4010 Copperstone Creek Drive,, |
| Phone | (660) 834-4331 |

**INSURANCE DETAILS**

| | |
|---|---|
| Insurance Name | UHC |
| Patient Group # | 21826 |
| Patient Policy # | 997470789 |
| Date of Order | 10/19/22 |

Wound - 1 Assessment - 3 ICD-10 CODE - I87.312,L97.822,.

| | | | | |
|---|---|---|---|---|
| Location Leg Left Inside | Stage/ Thickness Full Thickness | L 2.30 | W 1.50 | D 0.20 |
| Drainage MODERATE | Debridement - | Date 10/18/2022 | # of Refills 1 | |

PRODUCTS Frequency - Daily Duration - 30 Days

| Category | HCPC | Type | Product | Dressing | Pad Size | Quantity |
|---|---|---|---|---|---|---|
| - | a6021 | Primary | PROMOGRAN PRISMA | - | 4-34-sq | 30 |
| - | a6252 | Secondary | Sorbalux ABD | - | 5-x-9 | 30 |
| - | a6446 | Securement | Sterilux Bulky Premium | - | - | 30 |

Physician Information

| | | |
|---|---|---|
| Physician License MD36616 | NPI# 1568547180 | Date |

| | | | |
|---|---|---|---|
| Office Name | | Phone | (573) 815-8000 |
| Office Address | 1600 E BROADWAY | Fax | (573) 815-2638 |
| City | COLUMBIA | Email | |
| State | MO | Physician Name | KIMBERLY JAMISON |
| Zip Code | 65201 | | |

Physician Signature

Please review and verify by signing this Written Confirmation of Verbal Order.
Fax: 1-800-861-7362 or transmit by email: order@mercyscb.com