



FACILITY PORTAL

INSTRUCTIONS

.....

You will be assigned a user name
and temporary password.

 New Person Web Account

—

□

×

User Name

Test Test|

Password

P58v53

☐ One time password (limit to one a day)

Reset Password

Activate

OK

Cancel

|  |

| (No Batch Set) |

Click on link below to access the facility portal.
Then enter your user name and temporary password.

<https://apr-sb6.servicebus.windows.net/DDF3463A-3D71-44C5-8701-BA69EB2A993A/facilityportal/2149474/index.html#!/login>

FACILITY PORTAL

USERNAME

PASSWORD

You will be prompted to create a new password.
Once your password is created, you will be prompted to
re-enter your User Name and new Password.

FACILITY PORTAL

WELCOME, TEST TEST2 ▾

Please create a new password:

OLD PASSWORD

NEW PASSWORD

RETYPE NEW PASSWORD

Enter search criteria and click on the down arrow to download the wound forms for the most recent visit.

FACILITY PORTAL WELCOME TEST LOGIN

Search Patients

Last Name:

First Name:

Phone:

SSN:

External ID:

DOB:

Service Site:

Program:

With visit notes from: To:

Search **Clear**

To download multiple dates for a patient, click on the View button at the bottom right of the window.

FACILITY PORTAL WELCOME, TEST TEST2

Q Back to Search Previous Note **Download Multiple** Next Note Notes

1 of 2 Automatic Zoom

[REDACTED] /31375/PCC/IF dob 07-13-1925 (94 Years) vd 10-30-2019

Wound MD
(216)273-9800 Fax: 216-273-9998

Visit Date: October 30, 2019

Patient Name: Annie Daniel DOB: 07/13/1925
Provider Name: Alvin May M.D.

Then click on the Download Multiple tab to select the dates. Click on the download icon to generate the forms.

- ☐ All
- ☐ 2019-10-30
- ☐ 2019-09-04
- ☐ 2019-08-25
- ☐ 2019-07-21
- ☐ 2019-01-15

If you have access to multiple sites, you can search for the facility name by clicking on the magnifying glass in the Service Site field and typing in the facility name then click on the name to select it. Select the site ending in 31 for In-Person visits or 02 for Telehealth.

Search Patients

Last Name	First Name
Phone	SSN
(000)000-0000	000-00-0000
External ID	DOB
Service Site	Program



Facility Service Site

☐ Include Inactive Items

ID	Name	Notes
	TEST FACILITY - 02	
	TEST FACILITY - 31	
	TEST FACILITY - 32	
	TEST FACILITY - 33	

Save

Cancel