



Best Practice

A4 Request Print Setting Instructions

Dear Best Practice Users

In August 2019, North Queensland X-Ray Services changed A4 Referrals to comply with Accreditation standards and include more information on the back regarding the services we provide. Please verify details in Best Practice reflect settings below or however it best suits.

We can provide you with the updated A4 referrals if you require them. Just forward an email to admintsv@nqxray.com.au requesting A4 referrals and they will be dropped to the practice ASAP.

Below are the instructions on how to set up Best practice to print the information in the correct places on our referrals.

- Login as a user
- Go into a patients file
- Click on imaging request (Chest x-ray icon)
- Click on user setup on left of imaging request window (clip board with ticks)
- Select provider request layout, click on change button
- From available layouts select add
- Name Layout 'A4 Request' or "NQXRAY"
- Input relevant parameters into fields

Numbers in red may substitute initial entries if they do not align with your printer.

Layout details ✕

Layout name:

	Top	Left		Top	Left
Patient name:	<input type="text" value="47"/> 47	<input type="text" value="40"/> 40	Doctor name:	<input type="text" value="235"/> 235	<input type="text" value="40"/> 40
Patient address:	<input type="text" value="55"/> 55	<input type="text" value="40"/> 40	Doctor address:	<input type="text" value="255"/> 255	<input type="text" value="19"/> 19
Patient D.O.B.:	<input type="text" value="67"/> 66	<input type="text" value="120"/> 120	Provider No.:	<input type="text" value="235"/> 235	<input type="text" value="120"/> 120
Patient sex:	<input type="text" value="47"/> 47	<input type="text" value="100"/> 100	Copies to:	<input type="text" value="260"/> 260	<input type="text" value="120"/> 120
Patient Medicare No.:	<input type="text" value="67"/> 67	<input type="text" value="40"/> 40	Request date:	<input type="text" value="40"/> 33	<input type="text" value="40"/> 40
Patient DVA No.:	<input type="text" value="67"/> 69	<input type="text" value="75"/> 75	Request ID:	<input type="text" value="20"/> 21	<input type="text" value="170"/> 70
Patient Phone No.:	<input type="text" value="60"/> 59	<input type="text" value="120"/> 120	Patient Mobile No.:	<input type="text" value="55"/> 55	<input type="text" value="120"/> 120

	Top	Left	Width	Height
Requested tests:	<input type="text" value="85"/>	<input type="text" value="25"/>	<input type="text" value="100"/>	<input type="text" value="40"/>
Clinical details:	<input type="text" value="150"/>	<input type="text" value="25"/>	<input type="text" value="75"/>	<input type="text" value="70"/>

All measurements are in mm from the top, left corner of the page.

- Click on Save