

Printing the Transfer Record for Nursing and Clinical Staff

Cerner PowerChart, FirstNet EDUCATION

Medical Record Request

Charts are printed for patients that are transferred via EMS to acute care hospitals or to Skilled Nursing Facilities (SNF) when those facilities do not have access to PowerChart/FirstNet.

To print information when a patient transfers to another facility:

- 1. Open Medical Record request (MRR):
 - Click Task on the menu bar in PowerChart or FirstNet.
 - b. Select Print.
 - c. Select Medical Record Request.
- 2. The Medical Record Request window opens.
- 3. Use the drop-down arrows to make selections for:
 - a. Enter Event Status.
 - b. Template, select Document Template or department specific template.
 - c. Enter Purpose.
 - d. Complete the Date Range.
 - e. Enter where the patient is going (receiving facility) in the Destination field.
 - f. Click **Preview** on Medical Record Request once the Template and Sections desired for printing have been selected and all additional information needed is entered.

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Event Status All results a	Template	Template b	~	Purpose
Date Range				
From: **/**/****				Request for patient
		₩ } d		Proper authorization received?
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Related Providers Sec	tions			
Name	Relationship	Destination	^	Comment
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	Other (Lifetime)			
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- g. The Submitted Requests tab will open.
- h. Click the refresh button, to update the request from dithered to available.
- i. Right click on the Pending request and select Display Report.

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Medical Record Request Submitted Requests (1)					before preview is available.		
Last F	Refresh: 8/21	/2023 15:09 Am	erica/New_York		Display	Last 24 hours	2
	Request State	is Fax Status	Requested Date/Time	Person Name	FIN	Report Request ID	Output De
A	Pending	N/A	8/21/2023 15:09 America Now York Display	Report	MM2131503043	202365740	N/A
		Right Click					
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j. Click the print icon to print.

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	Munson Medical Center				
	1105 6th St. Traverse City, MI 49684- phone (231) 935-5000 fax () -				
Name: BirthDate: Gender: Male Patient Type: E/R (Emergency	MRN: Admit Date: Discharge Date: Rm) Account Number:				
Primary Care:	Attending Phys: Referring Phys:	ER,PC			
DOCUMENT NAME: SERVICE DATE/TIME: RESULT STATUS:	Triage Form 8/21/2023 06:43 EDT Auth (Verified)				