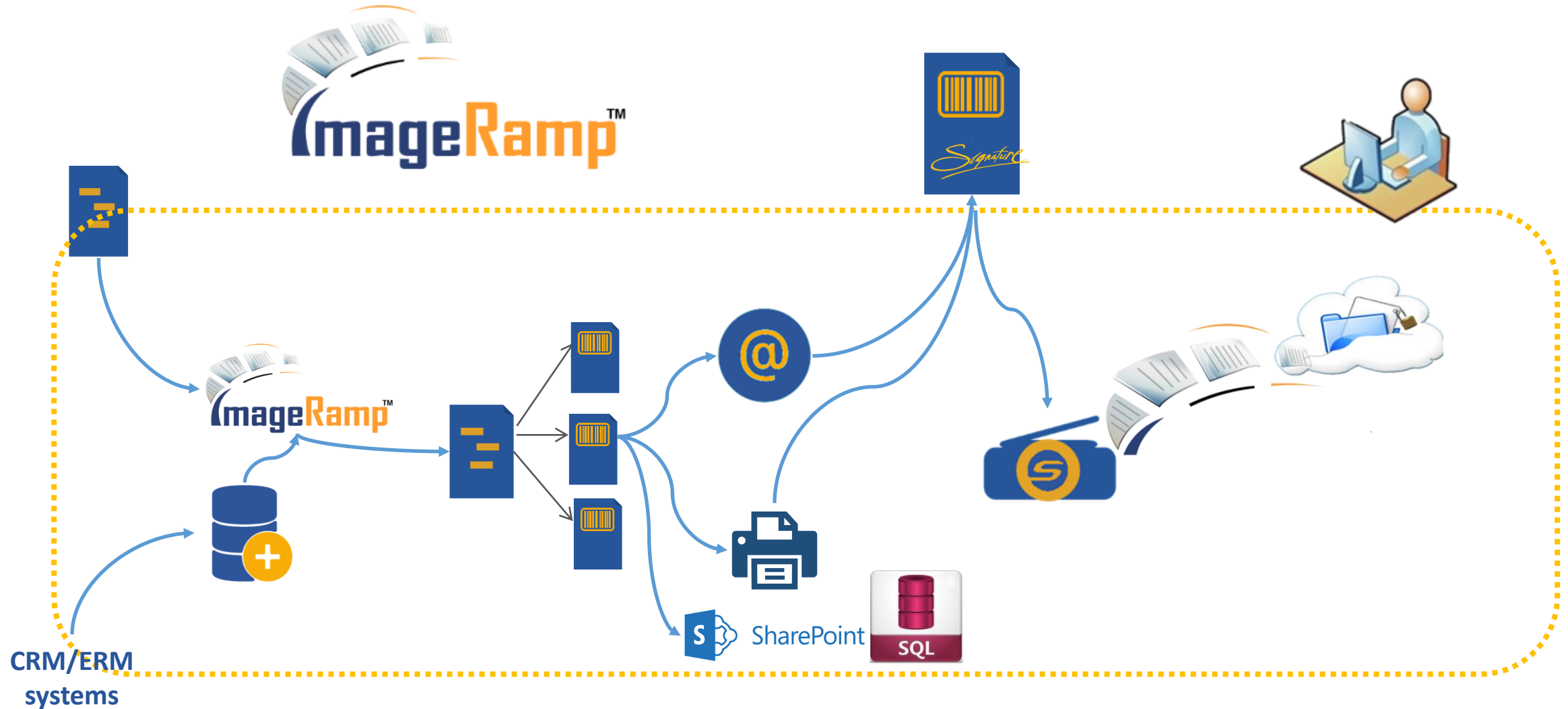


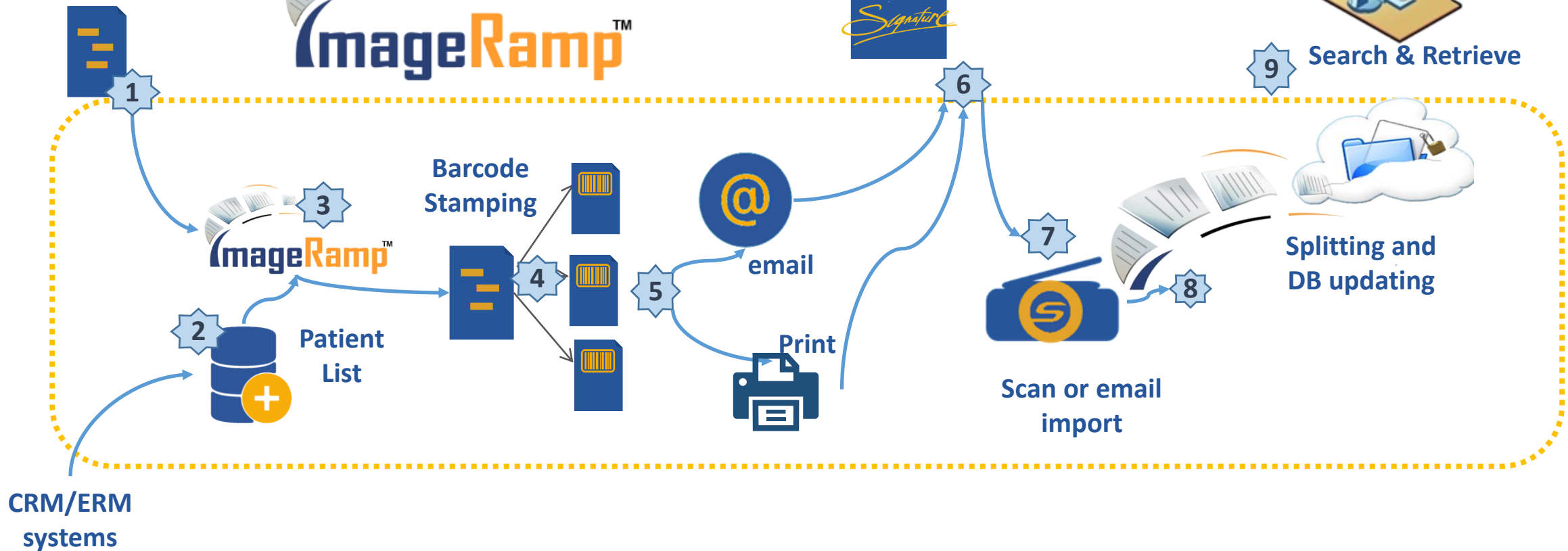
Automating Medical and Student paper trails

PDF form process automation



Using ImageRamp and PDF form fields to automate Medical paper trails

Template PDF Form
ie Surgery/Travel
Approval



CONSENT TO TREAT MINOR CHILDREN

Step 1

A PDF form with defined fields (formfields) is created using any standard PDF editing tool like Adobe Acrobat or Foxit Phantom.

I, , parent or legal guardian of , born

the 1st day of January 2018 do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of

my child while said child is under the care of of

Mercy Children's Hospital, City of Destination State of Omaha and I am not reasonably available by telephone to give consent.

This authorization is effective from the 1st day of January 2018 to 5th day of February 2019.

Signature of Parent or Legal Guardian

Date

Witness Signature

Witness Name (please print)

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment. This additional information will assist in treatment if it can be furnished with the consent but is not required.

Insurance: Our Medical Insurance

Policy #

Child's Social Security #:

DOB:

Credit Card #

Exp Date:

CRV: 777

Step 2

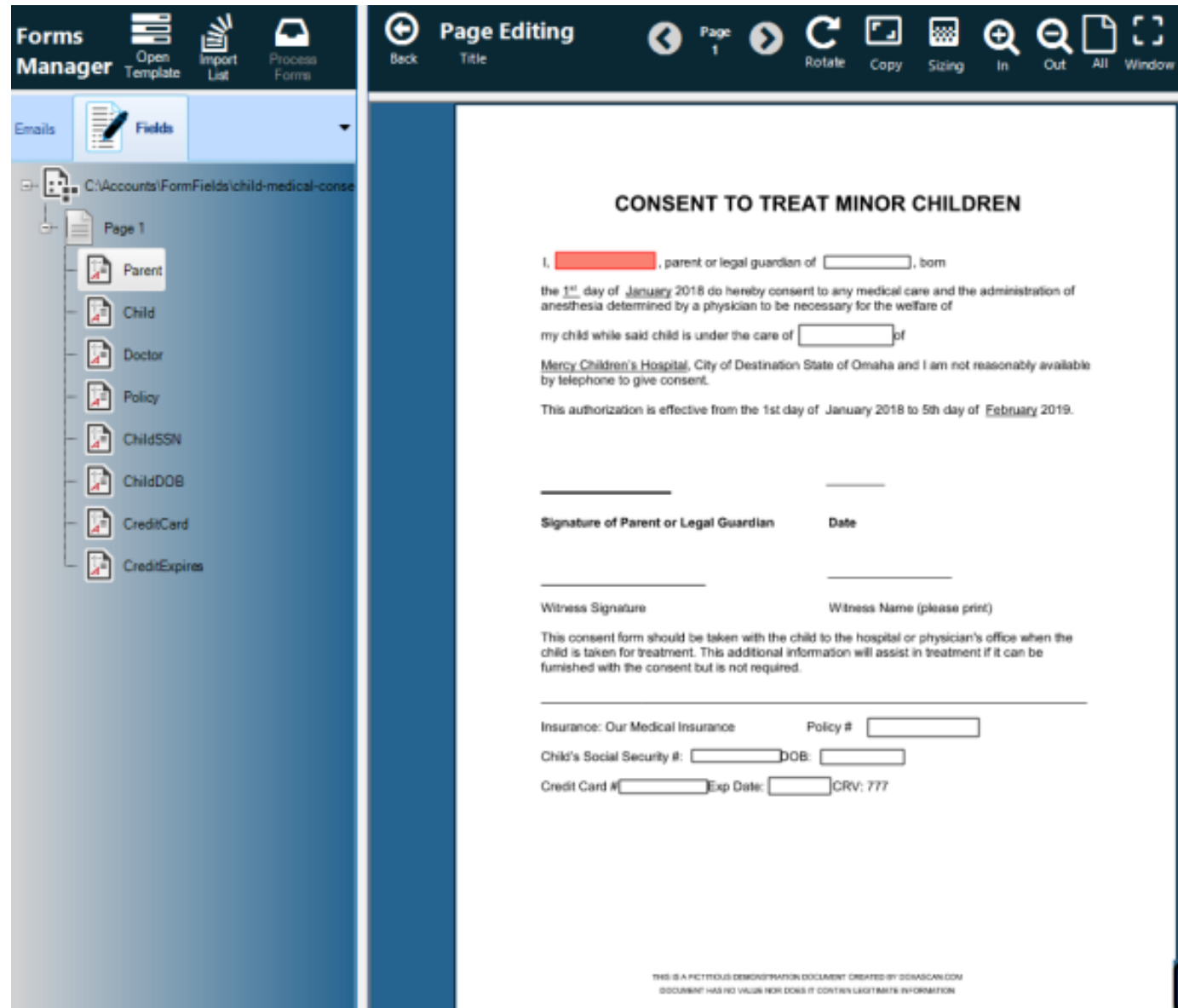
A comma delimited text file containing form field names and related data is created from a database export or traditional text editor. This identifies the field names to match with, and the values.



Parent,Child,ChildSSN
Breana Steward, Katlyn,013-42-5555
James Hardin, Tybec, 044-55-5555

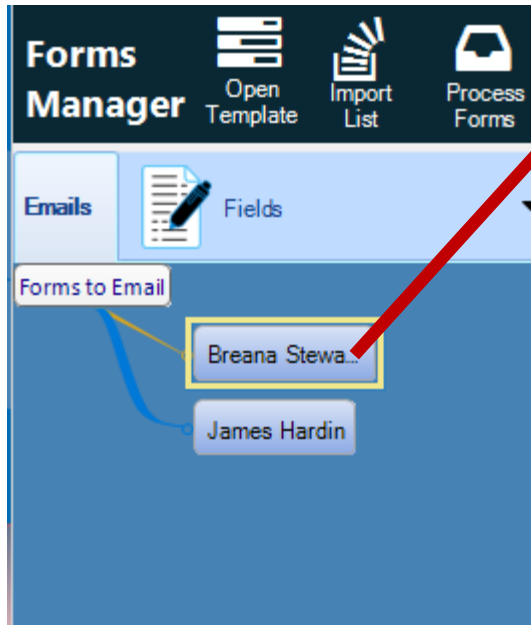
Step 3

**Doxascan
ImageRamp is used
to Load the PDF
template form with
defined formfields.**



Step 4

The field mapping and client data is imported and unique files are generated for each record. Invalid data entries are flagged.



Page Editing
Back Title Page 1 Rotate Copy Sizing In Out All

CONSENT TO TREAT MINOR CHILDREN

I, , parent or legal guardian of , born the day of 2018 do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of of and I am not reasonably available by telephone to give consent.

This authorization is effective from the 1st day of 2018 to 5th day of 2019.

Signature of Parent or Legal Guardian Date


Witness Signature Witness Name (please print)

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment. This additional information will assist in treatment if it can be furnished with the consent but is not required.

Insurance: Our Medical Insurance Policy #

Child's Social Security #: DOB:

Credit Card # Exp Date: CRV: 777



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Using ImageRamp and PDF form fields to automate paper trails

