webchart

demonstration request form

Thanks for your interest in WebChart, the minimally invasive EHR.™ As we prepare for your demonstration, we'd like to know a little more about you to make sure the time we spend together addresses your questions and concerns, and gives you a good sense of how WebChart can improve productivity, communication and outcomes at your practice.

Please take a few minutes to complete and return this form.
We look forward to speaking with you soon!

about your practice

Name of our primary contact:	Role at practice:
Preferred phone number:	Preferred email:
Practice name:	
Practice address:	
City:	State: Zip:

Number of locations:
Number of providers:
Number of mid levels:
Practice specialty:

Has your practice already applied or is planning to apply for Meaningful Use? ☐ Yes ☐ No
Will you be applying for ☐ Medicare? ☐ Medicaid?

about your current systems

Are you currently ☐ using paper charts ☐ using an EHR ☐ using both

Which EHR do you use?

WebChart can include an interface that allows practices to continue using existing billing/practice management systems.

Are you interested in continuing to use your current PM system? ☐ Yes ☐ No

Which billing/PM system do you use?

Which of the following features would you like to learn more about during our demonstration?

☐ Scheduling

☐ Document management/scanning

☐ ePrescribing

☐ Point/click templates

☐ Electronic faxing

☐ Reporting

☐ Tasking (workflow)

☐ Patient portals/PHRs

☐ Dictation/transcription / What tools or systems are you currently using? _____

☐ Lab interfaces / Which labs do you currently use? _____

☐ Other: _____

What additional goals/questions we can address?

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scheduling your demo

Please indicate the best days/times for a WebChart demo:

☐ Monday	☐ morning	☐ afternoon	☐ evening
☐ Tuesday	☐ morning	☐ afternoon	☐ evening
☐ Wednesday	☐ morning	☐ afternoon	☐ evening
☐ Thursday	☐ morning	☐ afternoon	☐ evening
☐ Friday	☐ morning	☐ afternoon	☐ evening

Many WebChart users work with consultants, RECs or other professional firms to provide local support in selecting an EHR. Please let us know if there are others we should contact regarding the demo so they have an opportunity to participate:

Consultant: Address:

City: State: Zip:

Contact name: email:

REC: Address:

City: State: Zip:

Contact name: email:

Reseller: Address:

City: State: Zip:

Contact name: email:

Thank you! We appreciate your interest in WebChart and look forward to learning more about your practice. For more information on WebChart, please visit our website: www.webchartnow.com

to return your completed form:

You can return the completed form simply by clicking on **File** in the Adode Reader navigation bar at the top of the page. Select **Attach to email...** and enter the following address: sales@mieweb.com

Questions? Contact **888-498-3484, option 2**