

**Your Name Here!**  
Membership Database

# **Your Name Here!**

## **Membership Database**

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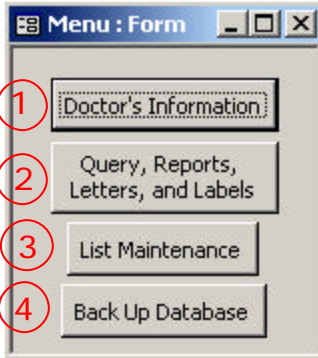
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Roger Thompson  
Roger@RogerT.us  
(217) 529-4744  
Springfield, Illinois

# Your Name Here!

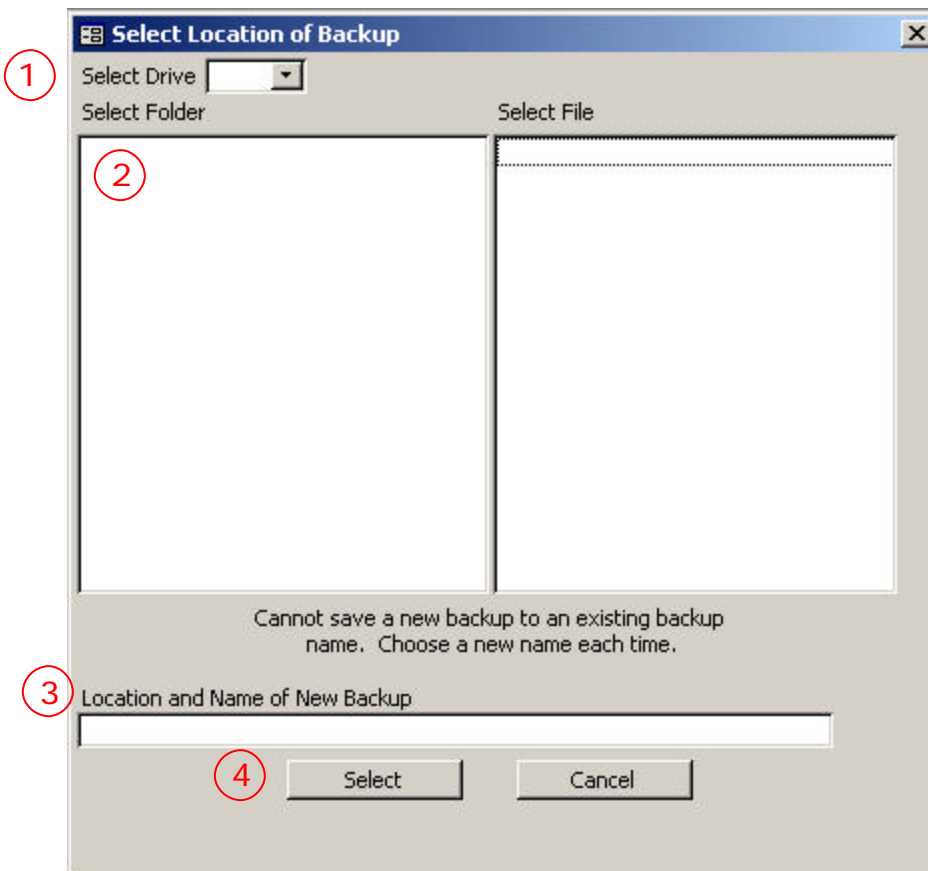
## Membership Database



### Menu

The menu form opens automatically each time the database application is started. Buttons on the form provide access to the database functions.

1. Doctor's Information Button - Opens the Main form where all information is entered or edited.
2. Query, Reports, Letters and Labels Button – Opens a query form where reports, form letters and mailing labels can be generated based on selections.
3. List Maintenance Button – Opens the List Maintenance form where it is possible to edit the lists of specialties, sub-specialties, schools, and other listed information.
4. Back Up Database – Opens a dialog box from which the destination and name of the backup is selected. (See below)



### Backup

1. Select the drive to which you will back up the data.
2. If you don't want to back up the data to a folder in the drive you selected in Step 1, then skip to Step 3. Select the folder to which you will back up the data.
3. After the location appears in this box, type in a new file name for the backup. *The software will not overwrite existing backups saved under the same name - you can't use a name that shows up in the **Select File** box.*
4. Click on **Select** to begin the backup. **Cancel** will close the dialog box without saving any files.

**The user of the software is responsible for data backup.**

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## Membership Database

Sangamon County Medical Society

File Edit View Insert Format Records Tools Window Help

Sangamon County Medical Society

Doctor's Information Susan Snoot Print All Info. Print Only Public Info.

Personal Info Professional Info Part I Professional Info Part II Educ./Train. Part I Educ./Train Part II Certification Referral Info / Misc.

Choose Status: Physician Social Security Number: 555-70-8534

Last Name: Snoot First Name: Susan Middle Initial: T

Date of Birth: 5/23/67 City of Birth: Milwaukee Birth State: WI Country of Birth: U. S. A.

Sex: Female

Marital Status: Married Spouses First Name: Bob J. Spouses Last Name: Snoot

Check if Spouse is a Doctor

Home Street: 1512 Baronne Drive Home City: Springfield Home State: IL Home Zip: 62704

Home Phone: (217) 555-1234 Home Fax: (217) 555-2345 Home E-Mail: snoot@hotmail.com

Records: 21 of 27








Form View NUM






## Doctor's Information

1. Sorts by the field the cursor is in, either ascending (**A to Z**) or descending (**Z to A**).
2. The database automatically enters the doctor's name in this field as the Last Name and First Name fields are typed in. This name field is displayed consistently across the type as the tabs are selected. You cannot enter information in this field.
3. A single click on the **Print All Info** button will show a preview of a report listing all the information entered for the doctor shown in the window to the left. The multi-page report can be printed from the preview screen. A single click on the **Print Only Public Info** will show a preview of a report listing non-private information entered for the doctor shown in the window to the left. The multi-page report can be printed from the preview screen. Samples of the reports are exhibited in the appendix.

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4. A single click on the **Trash Can** will delete the doctor's information. You will be prompted once to make sure that you really want to delete the record. Once the information is deleted, it cannot be recovered.
5. Clicking on the **Tabs** will display pages where information can be entered, modified or deleted. The information is presented in the order of the Membership Information Request form completed by each doctor
6. Fields with a  on the right side are drop down boxes. Clicking on the  will display the list of possible choices. Alternatively, the choices will display as they are typed. Some fields, such as "Sex", are limited to the choices in the list. Other fields, such as "Medical Specialty" are not limited by what is contained in the list. If the information is not yet contained in the list, you can enter it in the field. The database will automatically add new information to the list.
7. A social security number is not a required field. Because the social security field is not required, it is possible to enter information for a doctor more than once creating duplicate database records.
8. A simple text field where you can enter the **Last Name**. *Also, double-clicking on the left mouse key will open a search function. (A description of how searches can be performed follows this section.)*
9. A simple text field where you can enter the **First Name**. *Also, double-clicking on the left mouse key will open a search function. (A description of how searches can be performed follows this section.)*
10. The navigation buttons       help you navigate from record to record.

	Moves to the first record of the database.
	Moves to the previous record in the database.
<input type="text" value="2"/>	Displays the record number the database is currently positioned on. You can also enter the record number you would like to move to here. Pressing the Enter key will move the database to that record number.
	Moves to the next record of the database.
	Moves to the last record of the database.
	Adds a blank record to the database letting you enter information for another doctor.






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The screenshot shows a form titled "Medical Specialty" with two rows. The first row contains the text "Neurology" and has a right-pointing arrow button on its right side. The second row contains an asterisk "\*" and has a right-pointing arrow button on its right side. A scroll bar is visible on the right side of the form. Red circles with numbers 1 through 4 point to the right-pointing arrow button in the first row, the asterisk in the second row, the scroll bar, and the right-pointing arrow button in the second row, respectively.

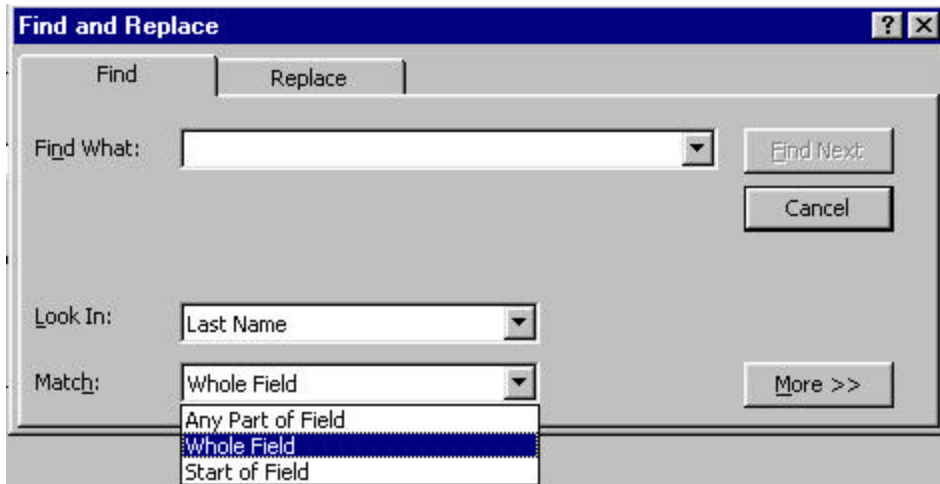
### Multiple Entry Boxes

Multiple Entry Boxes permit entry and tracking of many items for each doctor and item. There is no practical limitation on the number of entries permitted. A number of Multiple Entry Boxes are used throughout the Doctor's Information form. Every Multiple Entry Box *remembers* each entry so that no item should ever need to be retyped in a particular Multiple Entry Box.

1. To delete the entry on the line, click on the  button to highlight the row. Press the delete key to delete the entry. You will be prompted again to confirm the deletion.
2. Fields with a  on the right side are drop down boxes. Clicking on the  will display the list of possible choices. Alternatively, the choices will display as they are typed.
3.  A **Scroll Bar** enables scrolling through the records in the Multiple Entry Box. The last record will always be a blank. See number 3 below.
4.  Indicates a blank where additional items can be entered.

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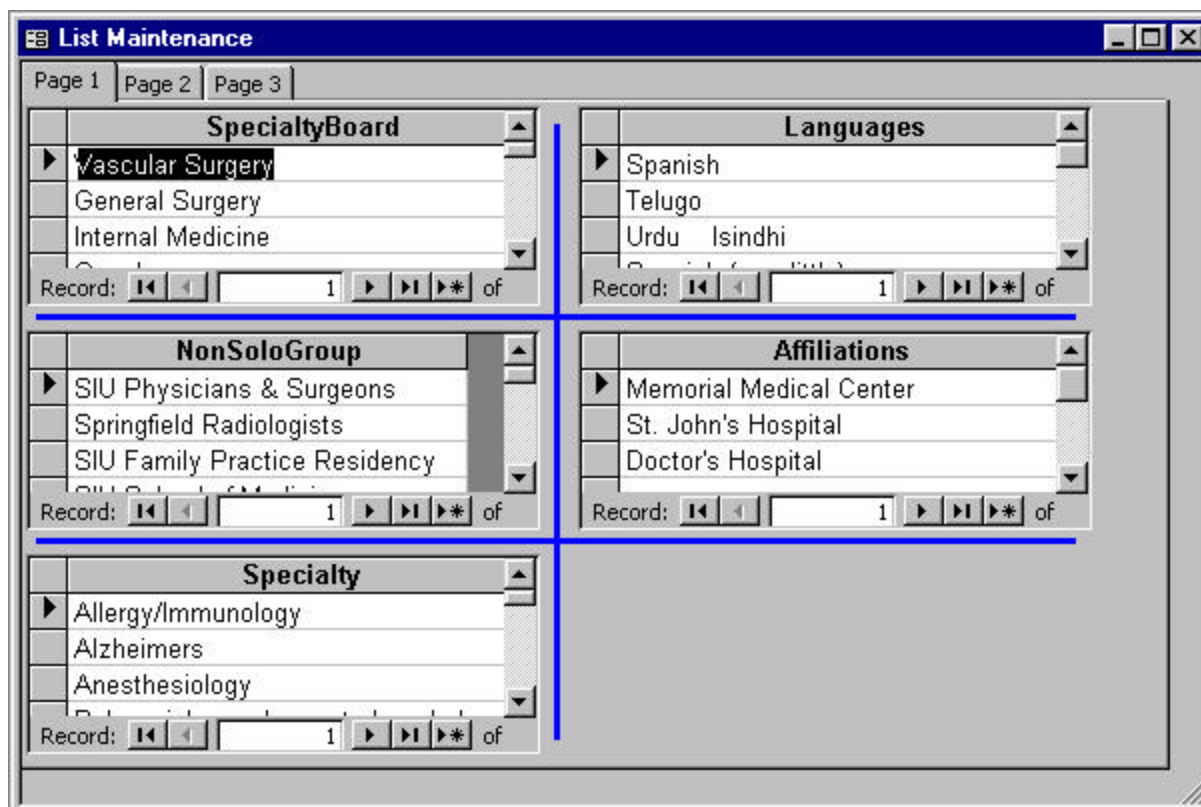


### Find

Double-clicking the left mouse button on either the **Last Name** or the **First Name** fields opens the Find and Replace dialog box. Type the name searched for in the **Find What:** field. Then, click on the drop-down arrow ▼ to direct the search to find matches in any part of the field, matches to the whole field, or only matches at the start of the field.

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### List Maintenance

The List Maintenance form permits editing of the lists. Duplicate entries can be removed. Misspellings can be corrected. Simply click on the word that is misspelled to enter the field.

	<p>Three (3) pages of lists are present. To see each list in turn, single click on the tabs.</p>
	<p>Selects the entry on the row. To delete the entry, press the delete key. You will be prompted to confirm the deletion.</p>
	<p>A scroll bar permitting scrolling among the multiple entries.</p>



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The screenshot shows a window titled "Query Form" with three tabs: "Selections", "Reports and Referrals", and "Letters and Labels". The "Selections" tab is active. The form contains the following fields and options:

- Name:** A dropdown menu.
- DoctorType:** A dropdown menu.
- Sex:** Radio buttons for Male, Female, and Don't Care. "Don't Care" is selected.
- Specialty or Subspecialty:** A text input field.
- Special Areas of Practice or Unique Services Offered:** A text input field.
- Certification:** A dropdown menu.
- Accepting New Patients:** Radio buttons for Yes, No, and Don't Care. "Don't Care" is selected.
- Accepts Medicaid:** Radio buttons for Yes, No, and Don't Care. "Don't Care" is selected.
- Accepts Medicare:** Radio buttons for Yes, No, and Don't Care. "Don't Care" is selected.
- Retired:** Radio buttons for Yes, No, and Don't Care. "Don't Care" is selected.
- Deceased:** Radio buttons for Yes, No, and Don't Care. "Don't Care" is selected.

## Query Form

The query form is where reports, form letters and mailing labels are generated based on the criteria selected.

The first tab, "**Selections**", allows the user to make choices resulting in a list of doctors that meet the criteria. In the **Special Areas of Practice or Unique Services Offered** box, type an item that you may wish to search for that was entered in the Special Areas of Practice or Unique Services Offered field on the Professional Info Part I tab of the Doctor's Information form. The search will look for records that contain the text you just typed. For example, if searching for a doctor providing services to patients with Dementia, entering any string of characters from the word Dementia such as "dem", "ementi", or "tia" will

return doctors where Dementia is entered in the Special Areas of Practice or Unique Services Offered field. Leaving a choice blank is the same as checking "Don't Care". The computer will return all doctors that match the other criteria that are selected or checked.

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**Query Form**

Selections | Reports and Referrals | Letters and Labels

**Alpha List 1** Based on the criteria selected, generates a simple list alphabetized by last name, then first name and providing the primary office location.

**Alpha List 2** Similar to Alpha List 1 except that the primary office phone, fax, e-mail and contact person are also identified.

**Alpha List 3** Returns the information shown on the "Selection Tab" and the primary office information.

Referral List

Referral Log

The second tab of the Query Form, **"Reports and Referrals"** shows three (3) reports that can be printed out. A description of each report is on the tab.

The **Referral List** Button generates the list of doctors meeting the criteria entered on the **Selections** tab.

**Referral List**

Count: 8

Update Log and Report

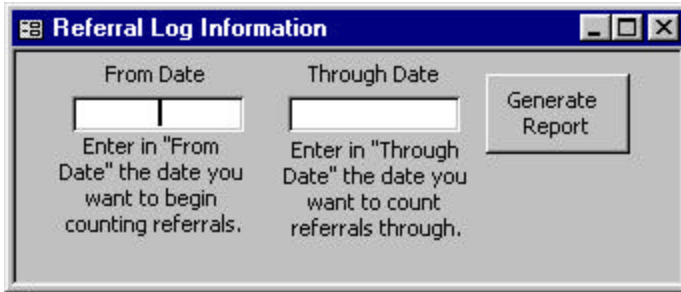
Report Only (Does Not Log)

Name	Primary Office Address	Refer?
Mini Alaxender	Springfield	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Denise Basket	800 Wolf Road, Springfield	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Careyana Beachcomber	2621 Baronne Dr., Springfield	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Karolyn Piper	3136 East Monroe, Springfield	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

The **Referral List** illustrated here shows that 8 doctors met the criteria entered on the **Selections** tab. The scroll bar on the right side of the form permits scrolling through the list. Click the **"Yes"**

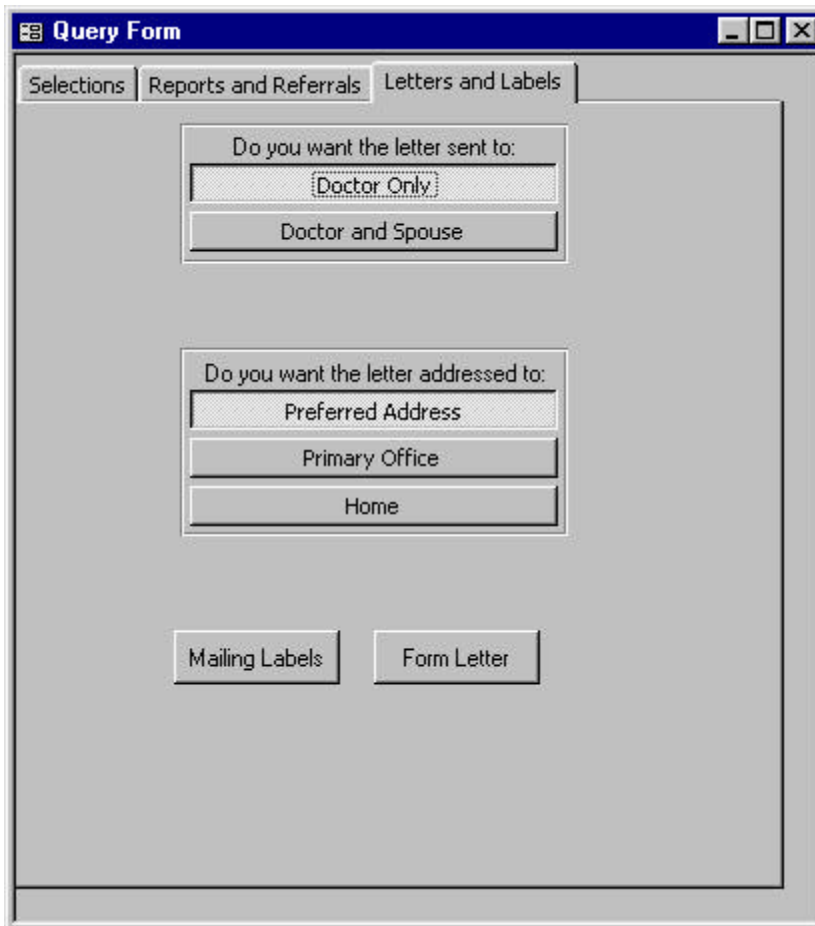
box for a doctor you would like to provide are referral to. Click the **"Update Log and Report"** button to append to a log that you provided a referral to a doctor on today's date and preview a report for the selected doctors that is similar to the Alpha List 3 report above. Click on the **"Report Only (Does Not Log)"** button if you want a report, but don't want to log the referral.

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The screenshot shows a window titled "Referral Log Information". It contains two date input fields: "From Date" and "Through Date". Below each field is a text instruction: "Enter in 'From Date' the date you want to begin counting referrals." and "Enter in 'Through Date' the date you want to count referrals through." To the right of these fields is a button labeled "Generate Report".

The **Referral Log Information** form is reached from the **Referral Log** button on the **Reports and Referrals** tab on the **Query Form**. Enter the range of dates you would like to extract referral information from. A single-click on the **Generate Report** button will provide a preview of a report that identifies the doctors that received referrals during the period and the number of referrals each doctor received.



The screenshot shows a window titled "Query Form" with three tabs: "Selections", "Reports and Referrals", and "Letters and Labels". The "Letters and Labels" tab is active. It contains two sections of radio buttons. The first section is titled "Do you want the letter sent to:" and has two options: "Doctor Only" (selected) and "Doctor and Spouse". The second section is titled "Do you want the letter addressed to:" and has three options: "Preferred Address" (selected), "Primary Office", and "Home". At the bottom of the window are two buttons: "Mailing Labels" and "Form Letter".

**Letters and Labels** can be produced from the database using the criteria you choose on the **Selections** tab of the **Query** form. This tab permits additional control over the process so that you can tailor the look of the letter or label.

Choosing the "**Doctor Only**" button will cause a label or letter to be generated for each doctor meeting the criteria chosen on the **Selections** tab. Labels will be addressed to: Dr. John Doe. Letters will contain an inside address to: Dr. John Doe. The salutation in the letter will read: Dear Dr. Doe.

Choosing the "**Doctor and Spouse**" button will cause a label or letter to be generated as above except that the labels will be addresses as appropriate to: Dr. and Mrs. Doe, Dr. and Mr. Doe, or Drs. Doe. If the addressees are "Drs.", the address

selected by the program will be that of the mail doctor. When a spouse is not identified in the data base, the program will always generate and address to Dr. Doe. The inside address and salutations in letters will be similarly constructed.

Choosing the "**preferred address**" button will cause the labels and letters to be addressed to the preferred address indicated in the database. If a preferred address was not identified in the database, the program will choose the primary office address. If no primary office address is

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available, the program will use the home address.












Choosing the “**Primary Office**” or the “**Home**” button will override the preferred address setting and cause the letter to be sent to the office or home depending on which you choose. No matter what you choose, if a primary office address is not available, the program will use the home address. Likewise, if no home address is available, the program will use the primary office address.

(Microsoft Word must be installed to enable the form letter functions. The mailing labels are designed to work with Avery 5160 or compatible labels. Microsoft Word is not required for the mailing labels.)

### Microsoft Word Mail Merge

The Microsoft Word help function provides comprehensive assistance for using the Mail Merge function. Following is a brief description for the a new tool bar that will appear in your Word mail merge document.



	<b>View Merged Data</b> Toggles the merge fields between the data and the field codes.
	<b>First Record</b> Causes the form letter to read the first record resulting from your selections.
	<b>Previous Record</b> Causes the form letter to read the previous record.
	<b>Go To Record</b> Displays the record number the form letter is currently positioned on. After typing in a number here and pressing the Enter key, the form will reposition to that record number.
	<b>Next Record</b> Causes the form letter to read the next record.
	<b>Last Record</b> Causes the form letter to read the last record
	<b>Mail Merge Helper</b> You shouldn't have to use this button. Allows manual changes to the mail merge settings.
	<b>Check for Errors.</b> You shouldn't have to use this button. Checks for errors resulting from the mail merge.
	<b>Merge to New Document</b> Causes the mail merge to create new <i>individual</i> letters.
	<b>Merge to Printer</b> Causes the mail merger to print all letters.
	<b>Start Mail Merge</b> A manual way of merging to a new document or printer with more user controls.

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### Doctor's Information Screen Shots

**Your Name Here!** Doctor's Information

Personal Info | Professional Info Part I | Professional Info Part II | Educ./Train. Part I | Educ./Train Part II | Certification | Referral Info / Misc.

Choose Status:  Social Security Number:

Last Name:  First Name:  Middle Initial:

Date of Birth:  City of Birth:  Birth State:  Country of Birth:

Sex:

Marital Status:  Spouses First Name:  Spouses Last Name:

Check if Spouse is a Doctor

Home Street:  Home City:  Home State:  Home Zip:

Home Phone:  Home Fax:  Home E-Mail:

Record:       of 27

**Your Name Here!** Doctor's Information

Personal Info | Professional Info Part I | Professional Info Part II | Educ./Train. Part I | Educ./Train Part II | Certification | Referral Info / Misc.

Check if beginning practice for first time:  If checked, enter date here:

If not checked, enter date practice began:

Medical Specialty:

Medical SubSpecialty:

Special areas of practice or unique services offered:

Languages Spoken:

Record:       of 27

Roger Thompson  
 Roger@RogerT.us  
 (217) 529-4744  
 Springfield, Illinois

# Your Name Here!

## Membership Database

**Your Name Here!** Doctor's Information Sammy Snoot

Print All Info. Print Only Public Info.

Personal Info Professional Info Part I Professional Info Part II Educ./Train. Part I Educ./Train Part II Certification Referral Info / Misc.

**Primary Office**  
 Street: PO Box 56874 City: Springfield State: IL Zip Code: 62794-5687  
 Phone: (217) 555-7881 Fax: (217) 555-8335 E-Mail: ssnoot@hotmail.com  
 Contact Person: Rachael Hunter

**Other Offices**  
 Street: 101 East Laural City: Springfield State: IL Zip Code: 62707-  
 Phone: (217) 555-5432 Fax: (217) 555-5688 E-Mail: ssnoot@hotmail.com  
 Contact Person: Katrina Witt

Preferred Mailing Address: Office

**Type of Practice**  
 Same Specialty Group  
 If Not Solo, List Name of Group  
 Prairie Cardiovascular Consultants

**Hospital Affiliations**  
 Memorial Medical Center  
 St. John's Hospital

Record: 19 of 27

**Your Name Here!** Doctor's Information Sammy Snoot

Print All Info. Print Only Public Info.

Personal Info Professional Info Part I Professional Info Part II Educ./Train. Part I Educ./Train Part II Certification Referral Info / Misc.

**Undergraduate School(s)**

School	City	State	Country	Year Grad.
Northwestern University	Evanston	IL	USA	1978
*				

**Medical School(s)**

School	City	State	Country	Year Began	Compltd
University of Nebraska Medical Center	Omaha	NE	USA	1978	1982
*					

Record: 19 of 27

Roger Thompson  
 Roger@RogerT.us  
 (217) 529-4744  
 Springfield, Illinois

# Your Name Here!

## Membership Database

**Your Name Here!** Sammy Snoot Print All Info. Print Only Public Info. 🗑️

Personal Info | Professional Info Part I | Professional Info Part II | Educ./Train. Part I | **Educ./Train Part II** | Certification | Referral Info / Misc.

### Residency

Institution	City	State	Country	Year Began	Compltd
University of Iowa	Iowa City	IA	USA	1982	1985
Specialty	Internal Medicine				
*					
Specialty					

### Fellowship

Institution	City	State	Country	Year Began	Compltd
University of Iowa	Iowa City	IA	USA	1985	1988
Specialty	Cardiovascular Disease				
University of Iowa	Iowa City	IA	USA	1988	1989
Specialty	Cardiac Electrophysiology				

Record: 19 of 27

**Your Name Here!** Sammy Snoot Print All Info. Print Only Public Info. 🗑️

Personal Info | Professional Info Part I | Professional Info Part II | Educ./Train. Part I | Educ./Train Part II | **Certification** | Referral Info / Misc.

### Certification(s)

Specialty Board	Date Certified	Certification Expires	Elig. Or Cert.
American Board of Internal Medicine	1986		Certified
American Board of Cardiovascular Disease	1987		Certified

**IL Medical License No:** 03-6065475

**Date Issued:**

**Expires:**

### Other State License(s)

State	License Number	Date Issued	Date Expires
HI	55555551	01/01/90	01/01/00
*			

Record: 19 of 27

Roger Thompson  
 Roger@RogerT.us  
 (217) 529-4744  
 Springfield, Illinois

# Your Name Here! Membership Database

**Your Name Here!** [Close] [Maximize] [Minimize]

**Doctor's Information**

**Include on Referral List?**

**Accepting New Patients?**

**Accept Medicaid?**  **Accept Medicare?**  **Assignment?**

**FAA Physicals?**  **ICC Physicals?**

**Notes:**

**Was Application Signed?**

**Was Application Dated?**

**Retired?**

**Deceased?**

**Board Member From:**  **To:**


Record:      of 1

Record:      of 27



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## Reports Appendix

Reports are displayed in the preview mode. To print a report that is being previewed, click on the printer icon  on the menu bar at the top of the screen.

Report Description	Form Name	Button Name
Member Information (All entered data)	Doctor's Information	Print All Info
Member Information (Public data only)	Doctor's Information	Print Only Public Info.
Based on the criteria chosen on the "Selections" tab, a simple list sorted by last name, then first name and displaying the primary office location.	Query Form – Reports and Referrals tab	Alpha List 1
Similar to above list except that the primary office phone, fax, e-mail and contact person are also identified.	Query Form – Reports and Referrals tab	Alpha List 2
Similar to the above list except that all information shown on the "Selections" tab and the primary office information is displayed	Query Form – Reports and Referrals tab	Alpha List 3
List of referrals made during an end-user selected time period	Query Form – Reports and Referrals tab	Referral Log
Letters and labels based on criteria selected on the "Selections" and the "Letters and Labels" tab of the Query form. Labels are set for use with Avery 8160 or compatible labels. Form letters require Microsoft Word.	Query Form – Letters and Labels	Mailing Labels Form Letter

**Your Name Here!**  
**Your Street Address Here!**  
**Your City, State and Zipcode Here!**  
**Membership and Referral Information**

Printed from the  button of the  
"Doctor's  
Information"  
form.

### Personal Information

Susan T. Snoot      Physician      555-70-8534      Female

Date of Birth: 5/23/1967      Place of Birth: Milwaukee, WI, U. S. A.

Marital Status: Married      If Married, Spouses Name: Bob J. Snoot

Spouse is a Doctor

Home

Address: 1512 Baronne Drive, Springfield, IL, 62704-

Phone: (217) 555-1234      Fax: (217) 555-2345      E-Mail: snoot@hotmail.com

### Professional Information

Beginning Practice for the First Time:      If New Practice, Date Practice Began:

    If Not New Practice, Year Practice Began:

Medical Specialty: Internal Medicine      Medical SubSpecialty: Allergy/Immunology

Special Areas of Practice or Unique Services Offered: Women's health

Foreign Languages Spoken: Chinese

Primary Office

Location: 001 N. Rutledge, Springfield, IL, 62794-

Phone: (217) 555-0182      Fax: (217) 555-9876      E-Mail: snoot@siumed.edu

Contact Person: Carol Winger

Other Office(s)

Location: PO Box 1234, Springfield, IL, 62794-1234

Phone: (217) 555-0060      Fax: (217) 555-7821

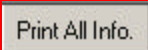
E-Mail:

Contact Person: Kathy Ireland

Preferred Mailing Address: Office

Type Of Practice: Multi-Specialty Group      Hospital Affiliations: Memorial Medical Center  
    St. John's Hospital

**Your Name Here!**  
**Your Street Address Here!**  
**Your City, State and Zipcode Here!**  
**Membership and Referral Information**

Printed from the  button of the  
"Doctor's  
Information"  
form.

## Education and Training

### Undergraduate School

Miami University		Graduated: <input type="text" value="1989"/>
Oxford, OH, USA		

### Medical School

Rush Medical College	
Chicago, IL, USA	
Date Began: <input type="text" value="1989"/>	Date Completed: <input type="text" value="1989"/>

### Residency

Georgetown University Medical Center	
Washington, DC, USA	
Date Began: <input type="text" value="1993"/>	Date Completed: <input type="text" value="1993"/>
Specialty: <input type="text" value="Internal Medicine"/>	

### Fellowship

Bellevue Medical Center	
New York, NY, USA	
Date Began: <input type="text"/>	Date Completed: <input type="text"/>
Specialty: <input type="text" value="Allergy/Immunology"/>	

### Certification

American Board of Internal Medicine		
Certified <input type="text"/>	Date Certified: <input type="text" value="1996"/>	Expires: <input type="text" value="2006"/>

**Your Name Here!**  
**Your Street Address Here!**  
**Your City, State and Zipcode Here!**  
**Membership and Referral Information**

Printed from the  button of the "Doctor's Information" form.

Illinois Medical License:  Issued On  Expires:

**Other State Licenses**

State:	<input type="text" value="M"/> <input type="text" value="O"/>	Number:	<input type="text" value="123456"/>	Issued On:	<input type="text" value="01/01/98"/>	Expires:	<input type="text" value="01/01/99"/>
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**Referral Information**

- Include on Referral List
- Accepting New Patients
- Accept Medicaid
- Accept Medicare
- Assignment
- FAA Physicals
- ICC Physicals

**Miscellaneous**

- Application Signed
- Application Dated

Board Member Information

**Your Name Here!**  
**Your Street Address Here!**  
**Your City, State and Zipcode Here!**  
**Membership and Referral Information**

Printed from the

Print Only Public Info.

button of the "Doctor's  
Information" form.

**Personal Information**

Susan T. Snoot Physician Female  
Date of Birth: 5/23/1967 Place of Birth: Milwaukee, WI, U. S. A.  
Marital Status: Married

**Professional Information**

Beginning Practice for the First Time: If New Practice, Date Practice Began:   
If Not New Practice, Year Practice Began: 1998

Medical Specialty: Internal Medicine Medical SubSpecialty: Allergy/Immunology

Special Areas of Practice or Unique Services Offered: Women's health  
Foreign Languages Spoken: Chinese

**Primary Office**

Location: 001 N. Rutledge, Springfield, IL, 62794-  
Phone: (217) 555-0182 Fax: (217) 555-9876 E-Mail: snoot@siumed.edu  
Contact Person: Carol Winger

**Other Office(s)**

Location: PO Box 1234, Springfield, IL, 62794-1234  
Phone: (217) 555-0060 Fax: (217) 555-7821  
E-Mail:   
Contact Person: Kathy Ireland

Multi-Specialty Group  
SIU Physicians & Surgeons

Hospital Affiliations  
Memorial Medical Center  
St. John's Hospital

**Your Name Here!**  
**Your Street Address Here!**  
**Your City, State and Zipcode Here!**  
**Membership and Referral Information**

Printed from the

Print Only Public Info.

button of the "Doctor's  
Information" form.

### Education and Training

#### Undergraduate School

Miami University		
Oxford, OH, USA	Graduated:	1989

#### Medical School

Rush Medical College		
Chicago, IL, USA		
Date Began: 1989	Date Completed:	1989

#### Residency

Georgetown University Medical Center		
Washington, DC, USA		
Date Began: 1993	Date Completed:	1993
Specialty:	Internal Medicine	

#### Fellowship

Bellevue Medical Center		
New York, NY, USA		
Date Began:	Date Completed:	
Specialty:	Allergy/Immunology	

#### Certification

American Board of Internal Medicine		
Certified	Date Certified: 1996	Expires: 2006

Illinois Medical License: 036-095958 Issued On 01/01/98 Expires: 07/31/02

#### Other State Licenses

State: M O	Number: 123456	Issued On: 01/01/98	Expires: 01/01/99
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### Referral Information

- |   |  |
|---|--|
| <input type="checkbox"/> Include on Referral List   | <input checked="" type="checkbox"/> Assignment |
| <input type="checkbox"/> Accepting New Patients     | <input type="checkbox"/> FAA Physicals         |
| <input checked="" type="checkbox"/> Accept Medicaid | <input type="checkbox"/> ICC Physicals         |
| <input checked="" type="checkbox"/> Accept Medicare |  |

Your Name Here!

Printed using the  button on the "Reports and Referrals" tab of the "Query, Reports, Letters and Labels" form.

Name	Primary Office Address
Alaxender, Mini R.	Springfield IL
Basket, Denise S.	800 Wolf Road Springfield IL
Beachcomber, Careyana M.	2621 Baronne Dr. Springfield IL 62702-
Piper, Karolyn M.	3136 East Monroe Springfield IL 62707-
Santarelli, Regina A.	PO Box 134568 Springfield IL 62794-13
Snoot, Susan T.	001 N. Rutledge Springfield IL 62794-
Staples, Janet E.	1200 West Outside Street Springfield IL 62704-
Whale, Josefina M.	700251 N. Ruggles Springfield IL 62702-

Your Name Here!

Printed using the  button on the "Reports and Referrals" tab of the "Query, Reports, Letters and Labels" form.

Name	Primary Office Informatio
Alaxender, Mini R.	Address: <input type="text" value="Springfield IL"/> Phone: <input type="text"/> E-Mail: <input type="text"/> Fax: <input type="text"/> Contact Person: <input type="text"/>
Basket, Denise S.	Address: <input type="text" value="800 Wolf Road Springfield IL"/> Phone: <input type="text" value="(217) 555-6464"/> Fax: <input type="text"/> E-Mail: <input type="text"/> Contact Person: <input type="text"/>
Beachcomber, Careyana M.	Address: <input type="text" value="2621 Baronne Dr. Springfield IL 62702-"/> Phone: <input type="text" value="(217) 555-1848"/> Fax: <input type="text" value="(217) 555-8191"/> E-Mail: <input type="text" value="drgood@siumed.edu"/> Contact Person: <input type="text" value="Cecelia Wolf"/>
Piper, Karolyn M.	Address: <input type="text" value="3136 East Monroe Springfield IL 62707-"/> Phone: <input type="text" value="(217) 555-0624"/> Fax: <input type="text" value="(217) 555-0600"/> E-Mail: <input type="text"/> Contact Person: <input type="text"/>
Santarelli, Regina A.	Address: <input type="text" value="PO Box 134568 Springfield IL 62794-13"/> Phone: <input type="text" value="(217) 555-3900"/> Fax: <input type="text" value="(217) 555-8156"/> E-Mail: <input type="text" value="santar@siumed.edu"/> Contact Person: <input type="text" value="Rebecca PartridgeNick"/>
Snoot, Susan T.	Address: <input type="text" value="001 N. Rutledge Springfield IL 62794-"/> Phone: <input type="text" value="(217) 555-0182"/> Fax: <input type="text" value="(217) 555-9876"/> E-Mail: <input type="text" value="snoot@siumed.edu"/> Contact Person: <input type="text" value="Carol Winger"/>
Staples, Janet E.	Address: <input type="text" value="1200 West Outside Street Springfield IL 62704-"/> Phone: <input type="text" value="(217) 555-5321"/> Fax: <input type="text" value="(217) 555-5696"/> E-Mail: <input type="text" value="cardinal@netscape.net"/> Contact Person: <input type="text" value="Rick Freese"/>
Whale, Josefina M.	Address: <input type="text" value="700251 N. Ruggles Springfield IL 62702-"/> Phone: <input type="text" value="(217) 555-7626"/> Fax: <input type="text" value="(217) 555-2275"/> E-Mail: <input type="text"/> Contact Person: <input type="text" value="Pamela Brown"/>



## Your Name Here!

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Printed using the  button on the "Reports and Referrals" tab of the "Query, Reports, Letters and Labels" form.

Name	Careyana Beachcomber
Physician Category:	Resident Physician
Sex	Female
Specialties or Subspecialties (If Reported:)	Family Practice
Special Areas of Practice or Unique Services Offered (If Reported):	
Board Certifications (If Reported):	
Accepting New Patients?	<input checked="" type="checkbox"/>
Accept Medicaid?	<input checked="" type="checkbox"/>
Accept Medicare?	<input checked="" type="checkbox"/>

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### Primary Office Information

Street Address:	2621 Baronne Dr.		
City, State, Zip:	Springfield	, IL	62702-
Phone:	(217) 555-1848		
Fax:	(217) 555-8191		
E-Mail:	drgood@siumed.edu		
Contact Person:	Cecelia Wolf		

## Your Name Here!

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Printed using the  button on the "Reports and Referrals" tab of the "Query, Reports, Letters and Labels" form.

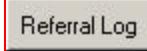
Name	Karolyn Piper
Physician Category:	Physician
Sex	Female
Specialties or Subspecialties (If Reported:)	Orthopaedic Surgery
Special Areas of Practice or Unique Services Offered (If Reported):	
Board Certifications (If Reported):	American Board of Orthopaedic Surger
Accepting New Patients?	<input checked="" type="checkbox"/>
Accept Medicaid?	<input checked="" type="checkbox"/>
Accept Medicare?	<input checked="" type="checkbox"/>

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### Primary Office Information

Street Address:	3136 East Monroe		
City, State, Zip:	Springfield	, IL	62707-
Phone:	(217) 555-0624		
Fax:	(217) 555-0600		
E-Mail:			
Contact Person:			

Your Name Here!  
Referral History

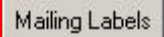
Printed using the  button on the "Reports and Referrals" tab of the "Query, Reports, Letters and Labels" form.

From: 01/01/0001  
Through: 12/12/2222

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Physician	Number of Referrals
Careyana Beachcomber	1
Denise Basket	2
Josefina Whale	1
Kreigh Ashbough	2
Mini Alaxender	3
Thomas Bartlett	2
Total Number of Referrals	11

Printed using the



button on the "Letters and Labels"  
tab of the "Query, Reports, Letters  
and Labels" form.

**Dr. and Mr. Mini & Sabu Alaxender  
2608 Monroe Street Dr.  
Springfield, IL 62707**

**Dr. and Mr. Denise & Arthur Bask  
1200 Blackbird  
Springfield, IL 62707**

**Dr. and Mr. Careyana & Andrew  
Beachcomber  
3361 Lockner  
Springfield, IL 62707**

**Dr. Karolyn Piper  
3136 East Monroe  
Springfield, IL 62707**

**Dr. and Mr. Janet & Rick Staples  
1200 West Outside Street  
Springfield, IL 62707**

**Dr. Josefina Whale  
700251 N. Ruggles  
Springfield, IL 62707**

Printed using the Form Letter button on the "Reports and Referrals" tab of the "Query, Reports, Letters and Labels" form.

## **Your Letterhead Here!**

Dr. and Mr. Denise & Arthur Basket  
1200 Blackbird  
Springfield, IL 62707

Dr. and Mr. Basket:

## **Body of Letter Here**