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# **SMS Case Template User Guide**

**By PracticeHwy.com, Inc.**

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# SMS 2.0 – Case Templates

ID	Purpose	Description	Text	Email	Phone	Visit Type Id	Priority	Inactive
1	General	test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>
2	General	Test 2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>
3	Visit Type	New Consult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	0	<input checked="" type="checkbox"/>
4	General	Test 3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input checked="" type="checkbox"/>
5	Visit Type	Initial Consult	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	32	0	<input checked="" type="checkbox"/>
6	Case	Instructions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	2	<input checked="" type="checkbox"/>
7	Case	Patient has not started evaluation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	4	<input checked="" type="checkbox"/>
8	Case	Patient has not completed evaluation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	5	<input checked="" type="checkbox"/>
9	Case	Correspondence is created	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	6	<input checked="" type="checkbox"/>
10	Case	Consent form is created	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	7	<input checked="" type="checkbox"/>
14	Case	Medication Correspondence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	8	<input type="checkbox"/>
12	Case	Payment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	9	<input checked="" type="checkbox"/>
13	Case	Profile Completion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	11	<input checked="" type="checkbox"/>
15	Case	Pregnancy Outcome	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	12	<input checked="" type="checkbox"/>
16	General	New Message	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input type="checkbox"/>
17	General	Patient Portal Message	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input type="checkbox"/>
18	General	ORM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input type="checkbox"/>
19	Visit Type	NP - In Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	464	0	<input checked="" type="checkbox"/>
20	Visit Type	NP - Donor - In Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	243	0	<input checked="" type="checkbox"/>
21	Visit Type	BJB THURS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	635	0	<input checked="" type="checkbox"/>
22	Visit Type	Disc - Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	527	0	<input checked="" type="checkbox"/>
23	Visit Type	Portal Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	730	0	<input checked="" type="checkbox"/>
24	General	Document	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	<input type="checkbox"/>

New Close

## Description

Choose one of the SMS templates above to send a reminder to the patient via text, email, or voice message. Depending on what you are trying to communicate to your patient, choose the appropriate template, for example, if you need to send reminders to patients who have outstanding balances, then you will choose the “Payment” SMS template.

To setup each template, user will need to customize the messages box for each type of SMS (text, voice message, email) in eIVF under system→SMS→SMS Template. Once all templates are completed, notify eIVF staff so they can turn the SMS function on for your practice.

Please note, once the SMS function is turned on, messages will be generated each day at midnight. If user decides to change the frequency of the template, they will need to submit request to [support@eivf.net](mailto:support@eivf.net).

Please see below for detailed description of each SMS template.

**Priority!** There is a priority number under each case, the lower the number the higher the priority. If a patient has multiple messages that need to be sent out in one day, the system will only send the message with the higher priority and ignores the rest of the messages.

ID	Purpose	Description	Text	Email	Phone	Visit Type Id	Priorit	Inactive
1	General	test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input type="checkbox"/>
2	General	Test 2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input type="checkbox"/>
3	Visit Type	New Consult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	0	<input checked="" type="checkbox"/>
4	General	Test 3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input type="checkbox"/>
5	Visit Type	Initial Consult	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	32	0	<input type="checkbox"/>
6	Case	Instructions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	2	<input checked="" type="checkbox"/>
7	Case	Patient has not started	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	4	<input checked="" type="checkbox"/>
8	Case	Patient has not completed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	5	<input checked="" type="checkbox"/>
9	Case	Correspondence is created	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	6	<input checked="" type="checkbox"/>
10	Case	Consent form is created	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	7	<input checked="" type="checkbox"/>
14	Case	Medication Correspondence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	8	<input checked="" type="checkbox"/>
12	Case	Payment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	9	<input checked="" type="checkbox"/>
13	Case	Profile Completion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	11	<input checked="" type="checkbox"/>
15	Case	Pregnancy Outcome	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	12	<input checked="" type="checkbox"/>
16	Visit Type	Egg Retrieval	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	844	0	<input type="checkbox"/>
17	Visit Type	New Infertility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	178	0	<input type="checkbox"/>
18	Visit Type	ET- Embryo Transfer D5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	845	0	<input type="checkbox"/>
20	General	You have mail	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input type="checkbox"/>
19	Visit Type	ET- Embryo Transfer D3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	686	0	<input type="checkbox"/>

## Case: Instructions

**Rule:** If instruction has been issued and patient does not read it in X day(s), the system will send a reminder to the patient.

**Days/Hours:** Please enter the Days number for case.

**For example:** If a patient is issued a document and it's not reviewed within a day, the system will send a reminder to the patient to review the document. If the patient still doesn't review the document, the system will send a second reminder, and if that second reminder is ignored the system will not send out any additional reminders.

How often?

ID	Frequency	Before / After	Days / Hours	Time to Deliver	Text	Email	P
7	Day	After	1	07:00 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Day	After	2	10:00 AM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

### Case: Patient has not started evaluation

**Rule:** The patient will need to complete the "Patient Evaluation Form" after x number of day(s) of meeting with the physician for a new patient consultation. If the patient doesn't complete the form within the allotted time, the system will send the patient a reminder via SMS.

**Days/Hours:** Please enter the Days number for case.

**Example:** In this case the message will be sent to the patient AFTER 5 days of the initial consult.

How often?

ID	Frequency	Before / After	Days / Hours	Time to Deliver	Text	Email	P
9	Day	Before	5	10:00 AM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

### Case: Patient has not completed evaluation

**Rule:** The patient will need to complete the "Patient Evaluation Form" after x number of day(s) of meeting with the physician for a new patient consultation. If the patient doesn't complete the form within the allotted time, the system will send the patient a reminder via SMS.

**Days/Hours:** Please enter the Days number for case.

**Example:** In this case the message will be sent to the patient AFTER 10 days of the initial consult.

How often?

ID	Frequency	Before / After	Days / Hours	Time to Deliver	Text	Email	P
21	Day	Before	10	10:00 AM	<input type="checkbox"/>	<input type="checkbox"/>	

### Case: Correspondence is created

**Rule:** If there is a new web correspondence issued to the patient and if patient has not read it in x number of day(s), the system will send message to the patient via SMS.

**Days/Hours:** Please enter the Days number for case. The Hours setting is not working for Case.

**Example:** In this case the message will be sent to the patient AFTER 3 days of correspondence creation date.

How often?

ID	Frequency	Before / After	Days / Hours	Time to Deliver	Text	Email	P
10	Day	After	3	10:00 AM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

### Case: Consent form is created

**Rule:** After a new consent form has been issued and the patient has not read it in x number of day(s), the system will send a message to the patient via SMS.

**Days/Hours:** Please enter the Days number for case.

**Example:** In this case the message will be sent to the patient AFTER 3 days of the consent creation date.

How often?

ID	Frequency	Before / After	Days / Hours	Time to Deliver	Text	Email	P
11	Day	After	3	10:00 AM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

### Case: Medication Correspondence

**Rule:** If there is a patient instruction for medication and the patient doesn't read it in x number of day(s), the system will send a message to the patient via SMS.

**Days/Hours:** Please enter the Days number for case.

**Example:** In this case the message will be sent out to the patient AFTER 5 days of the medication correspondence creation date.

How often?

ID	Frequency	Before / After	Days / Hours	Time to Deliver	Text	Email	P
12	Day	After	5	10:00 AM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

## Case: Payment

**Rule:** If the patient has a balance greater than zero, they will get a reminder every 30 days via SMS.

**Days/Hours:** Please enter the Days number for case.

How often?

ID	Frequency	Before / After	Days / Hours	Time to Deliver	Text	Email	P
13	Day	After	30	10:00 AM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

## Case: Profile Completion

**Rule:** If the patient has any “unknown” in the patient identifier fields of their demographics page, the system will send them a reminder x number of day(s) before their next scheduled appointment.

**Days/Hours:** Please enter the Days number for case.

**Example:** In this case the message will be sent out to the patient 3 days BEFORE their next scheduled appointment.

Identifier Information

Race:	Unknown
Religion:	Unknown
Nationality:	Unknown
Ethnicity:	Unknown
Language:	Unknown
Marital Status:	Unknown
Patient Status:	Active

How often?

ID	Frequency	Before / After	Days / Hours	Time to Deliver	Text	Email	P
14	Day	Before	3	10:00 AM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

## Case: Pregnancy Outcome

**Rule:** This is predicting patient’s delivery date. The patient will get a message x number of day(s) after their delivery date to fill out the pregnancy outcome form on the patient portal.

**Days/Hours:** Please enter the Days number for case. **The Hours setting is not working for Case.**

**Example:** In this case the patient will get a message 25 days AFTER the delivery date to fill out the pregnancy outcome form.

How often?

ID	Frequency	Before / After	Days / Hours	Time to Deliver	Text	Email	P
15	Day	After	25	10:00 AM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	