



SONOSITE X-PORTE GUIDE

HOW TO INPUT PATIENT AND
PHYSICIAN INFORMATION AT

DOWNTOWN
BEACHES

PATIENT TRANSDUCERS & EXAMS REVIEW WORKSHEETS MORE

Last **LAST NAME** First **FIRST NAME** Middle

ID **MRN** Date of Birth **1984 / 04 / 14** Gender **MALE**

Accession **LEAVE BLANK** Indications

Exam **EXAM TYPE**

Facility

Institution **BMC D** Department ID **ED** User **CERNER ID GOES HERE**

MUST FILL OUT EVERYTHING IN RED FOR BILLING!!!