## Print a Referral (Receiver)



## Instructions



	on the referral you would like to print by clicking on the pertinent check boxes.
St	ер 4
Se	ect printing options
You now have multiple options:	
A)	Save the file as PDF
B)	View the report within your current browser window
C)	Print the report to a local printer

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<b>Performan Service provide:</b> <b>Sunnybrook LHIN Office (IP) Service provide:</b> <b>CCAC Hospital Care Coordinator Phone number:</b> <b>CCAC Hospital Care Coordinator Phone number:</b> <b>Contact:</b> <b>CCAC Hospital Care Coordinator Phone number:</b> <b>Contact:</b> <b>COAC Hospital Care Coordinator Address:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Contact:</b> <b>Cont</b>	pat ×
Referral Destination       Image: Sumptrook LHIN Office (IP)         Service provider:       CAC Hospital Care Coordinator         Phone number:	vat ×
Service provider:       Sunnybrook LHIN Office (IP)         Contact:       CCAC Hospital Care Coordinator         Phone number:       Fax number:         Fax number:       Contact:         Address:       2075 Bayview Avenue         Toronto Ontario M4N 3M5       Canada         Service provider:         Demographics         Last modified by Post, TC at May 21, 2019 09:50         Title       Given Name(s)         Date Of Birth       Date Of Birth         Date Of Birth       Date Of Birth         Identifier       Health Card         Wumber       Version         Expiry       Date Of Birth         Identifier       Street Address         Wintly ID       Cologo         Client Address       Dit COODWILL ROAD         City       NORTH YORK         Province       Ontario         Postal Code       Phone Number         Ext       Location         Current Location       Current Location	
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mation and the parameters of the report are seen in the header	

You will notice that the questions on each tab are listed down the left, with the responses listed down the right of the report.

- A) Each tab on the referral is represented by a large header
- B) This report has been run with display blank fields had the user deselected 'display blank fields', these fields would not display on the report
- C) Finally, under each header, you can see when each tab/section was last updated

## Note:

All printed copies of personal health information must be stored and destroyed securely in compliance with PHIPA and organizational policies.