



VENDOR SEARCH WORKSHEET

Practice Name: _____

Date: _____

Practice Contact: _____

Email address for sending results: _____

Core Functions	*P	Functional Requirements
Vendor Characteristics		<input type="checkbox"/> DOQIT vendor <input type="checkbox"/> AAFP Discount Max Cost (\$\$) per provider Min Years in Business
Charting/ Documentation (Health Data)		<input type="checkbox"/> Structured Templates <input type="checkbox"/> Patient Summary <input type="checkbox"/> Automated Referrals <input type="checkbox"/> E&M Coding recommend <input type="checkbox"/> Voice Recognition <input type="checkbox"/> Digital Dictation <input type="checkbox"/> Internal Messaging <input type="checkbox"/> Electronic Tasking <input type="checkbox"/> Importing of scanned or electronic documents
e-Prescribing		<input type="checkbox"/> Digital send of Rx <input type="checkbox"/> electronic fax send of Rx <input type="checkbox"/> Surescripts certified <input type="checkbox"/> RxHub Certified <input type="checkbox"/> Drug-Drug Interaction Checking <input type="checkbox"/> Drug-Allergy Interaction Checking <input type="checkbox"/> Drug-Diagnosis Checking
Care Management		<input type="checkbox"/> Generate Patient Lists <input type="checkbox"/> Produce Care Reminders <input type="checkbox"/> Access to past results/records
Communication/ Connectivity		<input type="checkbox"/> Wireless option <input type="checkbox"/> Remote connectivity <input type="checkbox"/> ASP option <input type="checkbox"/> CCR capable
Decision Support		<input type="checkbox"/> Linked to external evidence source <input type="checkbox"/> Prompts for visits/health maintenance events <input type="checkbox"/> Evidence support for Rx writing <input type="checkbox"/> Evidence support for lab ordering
Order Management		<input type="checkbox"/> Direct submission of lab orders to lab <input type="checkbox"/> Evidence based order sets
Patient Support		<input type="checkbox"/> Patient education materials <input type="checkbox"/> Patient portal for self-scheduling <input type="checkbox"/> PHR
Reports		<input type="checkbox"/> Report queries by multiple criteria <input type="checkbox"/> Report queries by diagnosis/ disease <input type="checkbox"/> Report queries by lab test <input type="checkbox"/> Report queries by medication
Interfaces (Administrative Processes)		<input type="checkbox"/> PMS integrated with EMR <input type="checkbox"/> Existing PMS interfaced with EMR <input type="checkbox"/> laboratory (LabCorp) <input type="checkbox"/> laboratory (Sonora Quest)

* Put a number (1-10) in this box to identify your PRIORITY needs (1 being the greatest need) in an electronic health record.