



NEXTPEN FOR OPHTHALMOLOGY

A Revolution in Patient Intake & Data Entry

From Paper to your Ophthalmology Specific EHR...with the Stroke of a Pen.

Easy Data Capture for Everyone

NextPen™ is easy to use for both patients and staff. If you can use an ink pen, you can use NextPen. Simply start writing.

Innovative Technology

A revolutionary camera at the pen's tip interprets NextPen's position on the form. It immediately captures everything the patient or provider writes.

- Paper forms act as an intuitive data entry device.
- Data from multiple forms can be stored in NextPen without running out of memory.

Robust Recognition

NextPen captures data in multiple formats, including:

- Cursive and block printing
- Drawings
- Numeric data
- Check boxes

Full Integration

NextPen's software allows you to compare handwritten entries to structured data and highlights questionable areas for verification. The approved structured data is then transferred to your EHR.

- Connection via a secure USB docking station uploads NextPen information for approval.
- Digital form images are stored, making it ideal for documenting signatures and drawings.
- Data from one form can flow into multiple templates.



Secure & HIPAA Compliant

A unique dot pattern is printed on each form, meaning patient identity is kept secure.

- Like a fingerprint, each form is unique and corresponds with the patient's record, ensuring that all data goes directly to the correct electronic chart.
- Encryption keeps data within NextPen secure, so even if the pen is lost or stolen, the data cannot be accessed.

NextPen At Work...



For your Practice

No more transcribing, scanning, or form filing
Accelerated check-in processing



For your Patients

Clerical errors are reduced or eliminated
Encrypted data means medical records are secure

NextPen Forms

We offer an expanded selection of specialty specific forms, available exclusively to TSI Healthcare clients. Our forms library includes:

- Ophthalmology intake
- Retina exam
- External eye exam
- Ocular diagram
- And many others...

Printers

NextPen forms work with color laser printers. There are no per-page fees or special types of paper that must be used, keeping your costs low. Ask your team for a compatible model list.


Subscription Details

TSI Healthcare is committed to the continuing support and service for our clients. Our NextPen subscription includes:

- NextPen handwriting recognition software
- NextPen device and docking station
- Standard forms package
- Maintenance & support

Also Available (sold separately):

- Form customization projects
- Printers

West Eye Care 

Patient Name: _____
 Birth Date: _____ Gender: _____
 Referring Provider: _____ MRN: _____

Contact Information

E-mail Address: _____ Home Phone: _____ Mobile: _____

Emergency Contact (Please fill out boxes below)

First Name: _____ Last Name: _____
 Home # _____ Work # _____ Cell # _____

Relationship: Spouse Daughter Son Mother Father Sister Brother
 Grandparent Aunt Uncle Neighbor Friend Legal Guardian

Social History

Marital status: Married Single Divorced Widowed Life partner
 Race: White African American Hispanic Asian Other
 Language: English Spanish Chinese Hindi Other
 Ethnicity: Hispanic or Latino Not Hispanic or Latino

What is your tobacco use history?

Smoker status: Current every day smoker Current some day smoker Smoker, current status unknown
 Never smoker Former smoker Unknown if ever smoked

	Current	Former	Amount per day	Number of Years	Current	Former	Amount per day	Number of Years
Opium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional tobacco exposure: Yes No

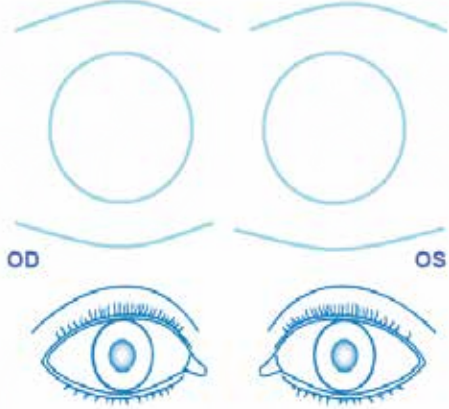
What is your alcohol use history?

Drinks alcohol: Yes No Former
 Frequency: Daily Weekly Monthly Occasionally Rarely
 Drink volume: Yes No

L-16

Patient Name: _____
 Birth Date: _____ Gender: _____
 Referring Provider: _____ MRN: _____

External Exam



OD OS

Call 800-354-4205
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 Visit tsihealthcare.com/nextpen

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