

Oregon Vital Events Registration System

REQUEST MEDICAL CERTIFICATION

The **Request Medical Certification** screen is changing as of March 1, 2010 to include an improvement to the search tool. This modification increases the speed of loading time for the screen and makes it consistent with the search tool on the "Refer to Medical Examiner" screen.

The **Request Medical Certification** screen is used when the Funeral Home director is ready to give the physician certification access to the record.

First, the Funeral Director selects **Death Registration Menu -> Other Links -> Request Medical Certification**.

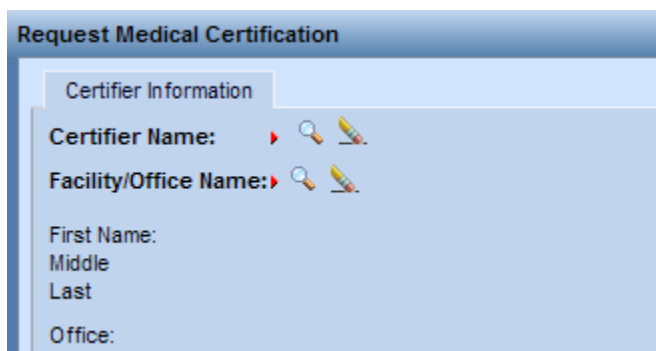
The old **Request Medical Certification** search tool looked like the image shown below:



The screenshot shows a web form titled "Request Medical Certification". It has a tab labeled "Certifier Name". Below the tab is a "Name:" field with a dropdown arrow and a "v" button. Underneath are labels for "First Name:", "Middle", "Last", and "Office:".

Figure 1: The Request Medical Certification search tool prior to March 1, 2010



The new **Request Medical Certification** search tool looks like the image shown below:

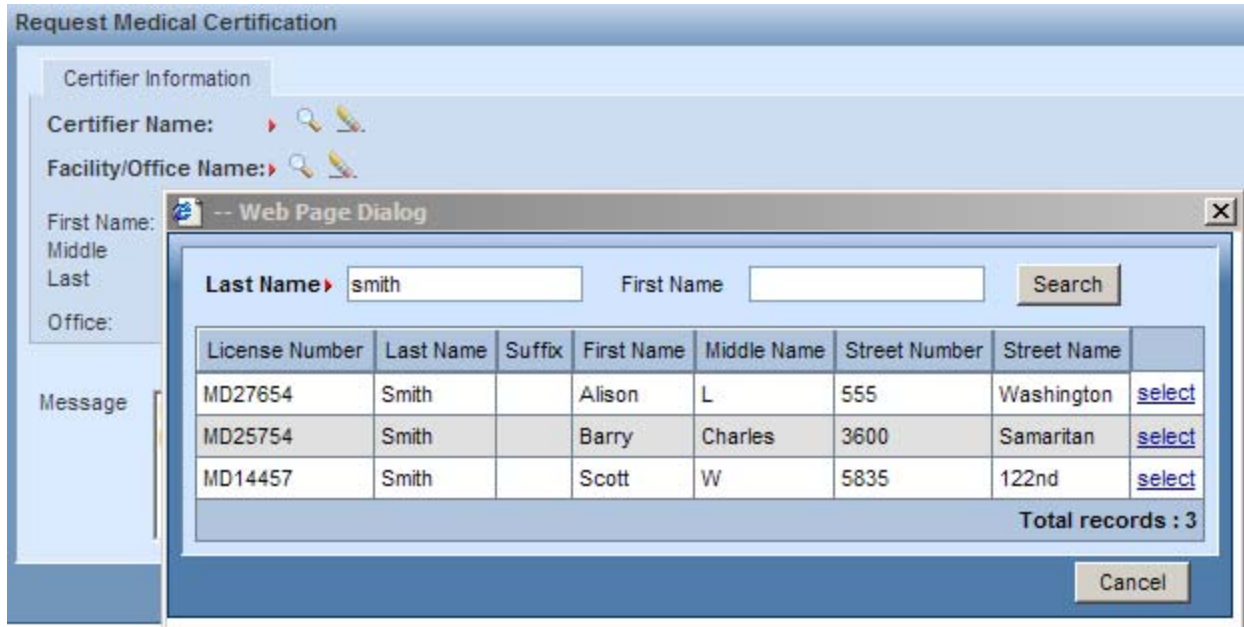


The screenshot shows the updated web form titled "Request Medical Certification" with a tab labeled "Certifier Information". The "Certifier Name:" field now includes a search icon (magnifying glass) and an edit icon (pencil). The "Facility/Office Name:" field also includes search and edit icons. The "First Name:", "Middle", "Last", and "Office:" labels remain.

Figure 2: The Request Medical Certification search tool after March 1, 2010

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To select a certifier using the new search tool, click on the **looking glass icon** () and type the last name of the physician in the **last name** dialogue box and then select the Search button ().





License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name	
MD27654	Smith		Alison	L	555	Washington	select
MD25754	Smith		Barry	Charles	3600	Samaritan	select
MD14457	Smith		Scott	W	5835	122nd	select

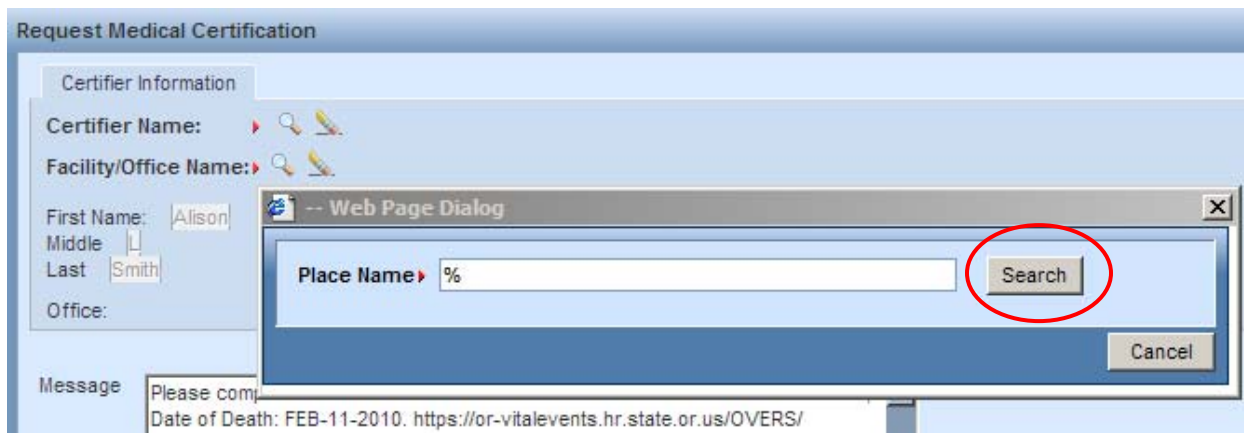
Total records : 3

Figure 3: Certifier Name Search

From the **Search Certifiers** dialog select a Certifier from the list by clicking on the corresponding **select** link. The **Search Certifiers** dialog box will close and the certifier's name you selected will now appear on the Request Medical Certification page.

Now you must select a Facility that is associated to the Certifier to send the Record to.

To select the certifier's facility/office name using the new search tool, click on the **looking glass icon** () and type ONLY a % sign in the **place name** dialogue box, then click the search button ().



Please complete the following information:
Date of Death: FEB-11-2010. <https://or-vitalevents.hr.state.or.us/OVERS/>

Figure 4: Facility/Office Name search using a % sign

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From the **Search Facility Name** dialog box will appear showing you those facilities/offices a certifier is associated to. Select one of the offices from the list by clicking on the corresponding **select** link. The **Search Facility Name** dialog box will close and the office name you selected will now appear on the Request Medical Certification Page.

Primary Name	Address	City	
West Valley Physicians & Surgeons	555 SE Washington	Dallas	select

Total records : 1

Figure 5: Select the appropriate physician's office.

Once the Certifier's name and office have been entered you must select the **Save** (**Save**) button to send the Request to the Certifier. Note that there is a Message box that contains a prefilled message which requests that the Certifier complete the Certification for the Case/Record. **Do not** edit the prefilled message, doing so will hinder the Certifier's ability to access the Record from the message. You may however add information to the message if you have information about the Record that you want to share with the Medical Certifier. Add your comments to the end of the prefilled message and be sure to add them before selecting the **Save** (**Save**) button because once the Save button is selected you are no longer able to make changes to the page.

Request Medical Certification

Certifier Information

Certifier Name:

Facility/Office Name:

First Name:

Middle:

Last:

Office:

Message: Please complete the medical certification for: Case Id: 176463 - Chocolate Donut, Date of Death: FEB-11-2010. <https://or-vitalevents.hr.state.or.us/OVERS/>

Clear Save Return

Figure 6: Medical Certification Request is ready to send to the Certifier.