Monadnock
EYE PHYSICIANS & SURGEONS, PC

Patient Portal Instructions

Type **monadnockeye.ema.md** into your web browser and hit enter.
<u>DO NOT</u> type www or https in front of the URL.

Log in with your username and password. Please call us at (603) 924-7070 if you need assistance.
Username: (your medical record number)
Password: (your 8-digit date of birth)

This will bring you to a page where you can add information to your record prior to your appointment.

Contact Info

Insurance and Pharmacy
Medications
Allergies
Past Medical History
Ocular History
Social History
Family History
Problem List

You will see a list of tabs on the left side of the page.

Please enter your information into each section.

The process will be intuitive for some users.
NOTE: you must scroll to the bottom of the page and hit
"**Save and Continue**" as you complete the sections.

For those that need guidance, please refer to the following pages.

Insurance and Pharmacy

Please enter your pharmacy information so that we can electronically send your prescriptions.

Step 1.
Click on the "Pharmacy Search" icon.

Step 2.
Search for your pharmacy by entering the city and state ONLY. Then hit "Search".

PHARMACIES

FILTER

Name		City	
Phone		State	Select One ▾
Fax		Zip Code	
Refill enabled ○ Yes ○ No ● Any		Type ● Retail ○ Mail	

Search   Clear filter

Step 3.
Click on the pharmacy name in blue.

Medications

Please enter all of your current medications, including any over-the-counter medications.

Step 1.
Click on the field next to the drug name and start typing.

Drug Name: [   ]

As you type, medications will auto-populate for you.
For example:

Drug Name: [lisi|]

NAME
lisinopril lisinopril – id: 6620
lisinopril (bulk) lisinopril (bulk) – id: 116187
lisinopril-hydrochlorothiazide lisinopril-hydrochlorothiazide – id: 2586

Click on the correct medication, and a box will appear to the right.

Step 2.
Select the dose of that medication by clicking on the medication name/dose in blue. If you do not know the dose, select the text "Add … with unspecified dispensable." You will then see your medication listed below. You can add as many medications as you need.
If you can't find the medication, click the box next to "other" and type in your medication.
If you have selected a medication in error, click on the blue delete button to the right of the medication you want to delete.
You may add additional information about each medication, but you don't have to.

Step 3.
Scroll to the bottom and select "Save and Continue".

Save and Continue

Allergies

Please enter any known drug allergies.

Step 1.
Click on the blank field next to allergy and start typing. Allergy name will auto-populate as you type. Click on the appropriate one and you will see it listed below.

ADD NEW ALLERGY

Allergy: ibup

ibuprofen
ibuproxam

As always, there is an "other" box for you to type in any allergy that you cannot find.

OTHER ALLERGIES

Step 2.
Describe the reaction by selecting the type of reaction you experienced.

PATIENT ALLERGIES - CURRENT INTERNAL LIST

ibuprofen
Ingredient   [delete]

DESCRIBE REACTION
☐ Anaphylaxis ☐ Angioedema ☐ Diarrhea ☐ Dizziness ☐ Fatigue ☐ GI upset ☐ Hives ☐ Liver toxicity
☐ Nausea ☐ Rash ☐ Shortness of breath ☐ Swelling ☐ Weal
☐ Other

ALLERGY DETAILS

Active	Unspecified	09/19/2015	mm/dd/yyyy	mm/dd/yyyy
Allergy Status	Severity	Date Recorded	Date Started	Date Ended

Step 3.
Scroll to the bottom and select "Save and Continue".

Save and Continue

Past Medical History

Please enter your medical and surgical history.

Step 1.
Click on the box next to the medical condition(s) that you have. If you do not see your condition listed, click in the box nest to "other" and type the condition in the box.
If you have selected something by mistake, click on the box again and the check mark will disappear.

Step 2.
Scroll down to enter your surgery history the same way.

Step 3.
Scroll to the bottom and select "Save and Continue".

Ocular History

Please enter your ocular history.

Social History

Please enter your
Step 1. smoking status
Step 2. drug and alcohol use
Step 3. driving status

Family History

Please share if there is a family history of:
glaucoma
macular degeneration
other eye diseases

ADD NEW FAMILY HISTORY

Family History: glau

Family history: Glaucoma (situation)
No family history: Glaucoma (situation)

Problem List
You do not need to enter any information in this tab.