To begin, go to the Patient Home screen in MyChart and tap the Urgent Care Video Visit Now icon to start a video visit.
After the patient taps Urgent Care Video Visit Now, this informational screen will be shown.

**Important Video Visit Information**

**PLEASE READ BEFORE CONTINUING**

**Emergencies:**
- For emergencies call 911.

**When Offered:**
- 7 days a week 8:00 AM - 8:00 PM

**What are video visits for:**
- *Minor health problems* such as Asthma, Flu-like symptoms, Pink Eye, Rash, Seasonal Allergies, Sinus Infection, Sore throat, Urinary Tract Infection (females 13 years & older only), Vomiting/Diarrhea (without abdominal pain).

- *Controlled substances* are not prescribed over Urgent Care Video Visits.

**How to schedule:**
- The video visit must be scheduled under the name of the *person who wants to be seen*. You can’t schedule a video visit for yourself and then switch the visit to another person. *(For minors,)*
The patient will need to answer the question about their location. NOTE: If the patient is not in Oregon, they cannot use the video visit.

In order to provide you with the most appropriate care, we need to know your current location.

Select a Location

Country
United States of America

*State or territory
Oregon

CONFIRM
Next, the patient will select the reason for the visit.

What brings you here today?
If your symptom is not listed below, please contact your provider for an in-person appointment.

- Asthma
- Diarrhea
- Influenza Like Illness
- Insect Bite
Next, the patient may need to answer questions specific to the reason for visit that they chose. Then the patient can tap the button to PUT ME IN LINE.
The next screen will show the reason for visit and the cost and wait time estimate and communication preference. Patient taps put me in line.
Next, the patient will tap GO TO ECHECK-IN.
Next, please fill out the responsible party and insurance information.

Responsibility for Payment

Bush, Rose S
1033 Bubbles Blvd
Beaver AK 99724
541-648-3310

* We have this person on file to pay for costs not covered by insurance. Is this information correct?

Yes  No

* Would you like to use insurance to pay for this appointment?  

Use insurance  Do not bill insurance

NEXT

FINISH LATER
Next, please confirm current medications

Current Medications

Please review your medications and verify that the list is up to date. **Call 911 if you have an emergency.**

**fluticasone propion-salmeterol**
100-50 mcg/dose diskus inhaler
Commonly known as: ADVAIR

Inhale 1 puff into the lungs 2 times daily for 1 day.

**Remove**

**metFORMIN 500 MG tablet**
Commonly known as: GLUCOPHAGE

Take 500 mg by mouth 2 times daily with meals.
Please select pharmacy. Check the box for "This information is correct."

Select a Pharmacy for This Visit

FRED MEYER #701165
KLAMATH FALLS, OR - 2655

SHASTA WAY
2655 SHASTA WAY KLAMATH FALLS OR
97603

+ Add a pharmacy

☐ This information is correct*

BACK

FINISH LATER
Next, update allergies as needed then check the this information is correct check box.

Please review your allergies and verify that the list is up to date. Call 911 if you have an emergency.

You have no allergies on file.

+ ADD AN ALLERGY

This information is correct

BACK
Next, answer the travel history questionnaire.

**Trips outside the country**
Please update the trips you have taken since February 19, 2020.

You have no trips on file.

[ADD A TRIP]

This information is correct

[BACK]
Next, answer the symptoms questions.

For an upcoming appointment with a **telemedicine provider** on 3/19/2020

* Do you have any of the following symptoms? Select all that apply.

* In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?

  Yes  No / Unsure

CONTINUE
Review and tap submit to complete your eCheck-In.

Communicable Disease Screening

For an upcoming appointment with a telemedicine provider on 3/19/2020

Please review your responses. To finish, click Submit. Or, click any question to modify an answer.

Do you have any of the following symptoms?
None of these

In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?
No / Unsure

Submit

Back Finish Later Cancel
Tap "X" to complete the eCheck-In process.

Thanks for using eCheck-In!
The information you've submitted is now on file.
When you arrive, you may need to:
   🚭 Verify Emergency Contacts
Tap OK and patient can wait until provider is available.
Tap the BEGIN VISIT button to launch your video visit.