

Telemedicine Scheduler Request Form

Purpose

The purpose of this request form is for the Facility to identify appropriate users to schedule patient telemedicine appointments. Users will complete Avel eCare scheduler training and facilitate patient scheduling.

Please complete the following information.

Recommended Users

- Scheduling Super-User: Telemedicine champion to promote prompt scheduling of patient appointments.
- Scheduler(s): User(s) within facility whom currently schedule outpatient appointments.

Facility Information

Facility Name:

Physical Address:

City:

State:

Zip:

Scheduler Information

SCHEDULING SUPER-USER

First Name:

Work Email (will be Username):

Last Name:

Work Phone:

SCHEDULER 1

First Name:

Work Email (will be Username):

Last Name:

Work Phone:

SCHEDULER 2

First Name:

Work Email (will be Username):

Last Name:

Work Phone:

Account Activation: Users will receive an email from 'no-reply@avel-erx.com' with Subject 'Avel Specialty Clinic eSync Application Invitation.'

Contents of the email will contain a link to the scheduler with prompts to create a password. For optimal results, open scheduling link in Google Chrome.