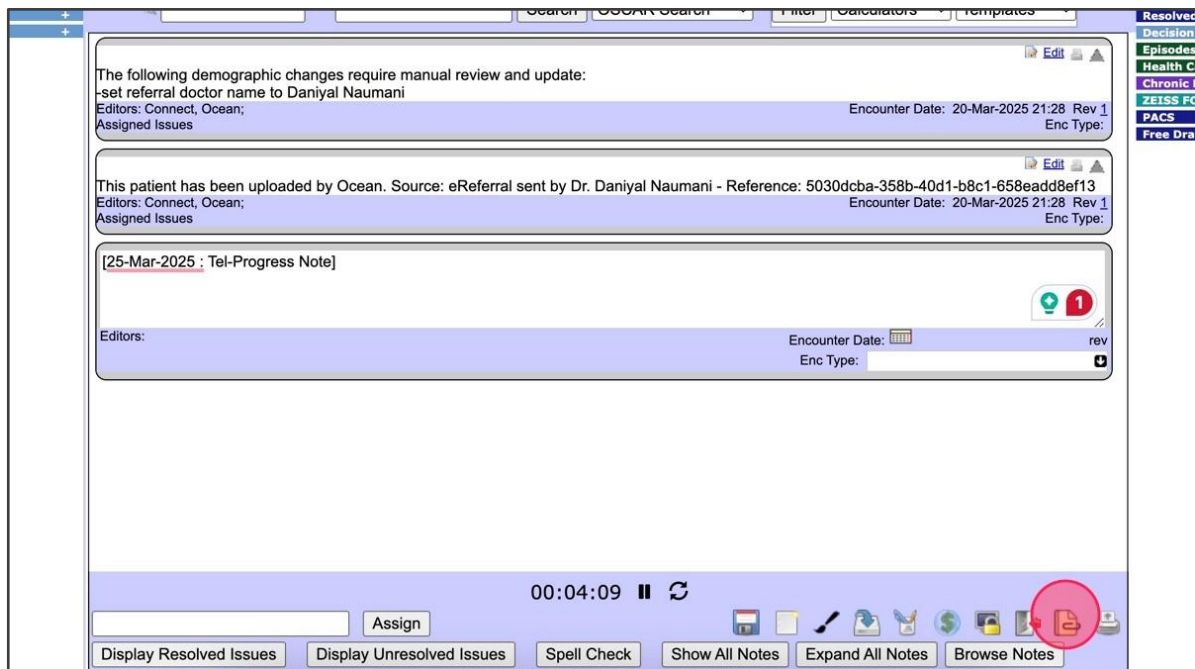


Add an attachment to a new eReferral in Oscar PRO

This guide walks you through the steps to add an attachment from a patient's chart to a new eReferral using Oscar PRO.

Step 1: Prepare the attachment in the Attachment Manager

1. Log in to Oscar PRO and open the patient's chart.
2. Scroll down and click the **Attachment Manager** icon at the bottom of the window.



3. Select the attachments you want to include.
4. Click **Save for Ocean** to prepare them for the referral.

Attachment Manager

PRINT

FAX

SAVE FOR OCEAN

SELECT ALL

DESELECT ALL

Search attachments


Active Medications

Antenatal

☒


Documents (1 Selected)

☒

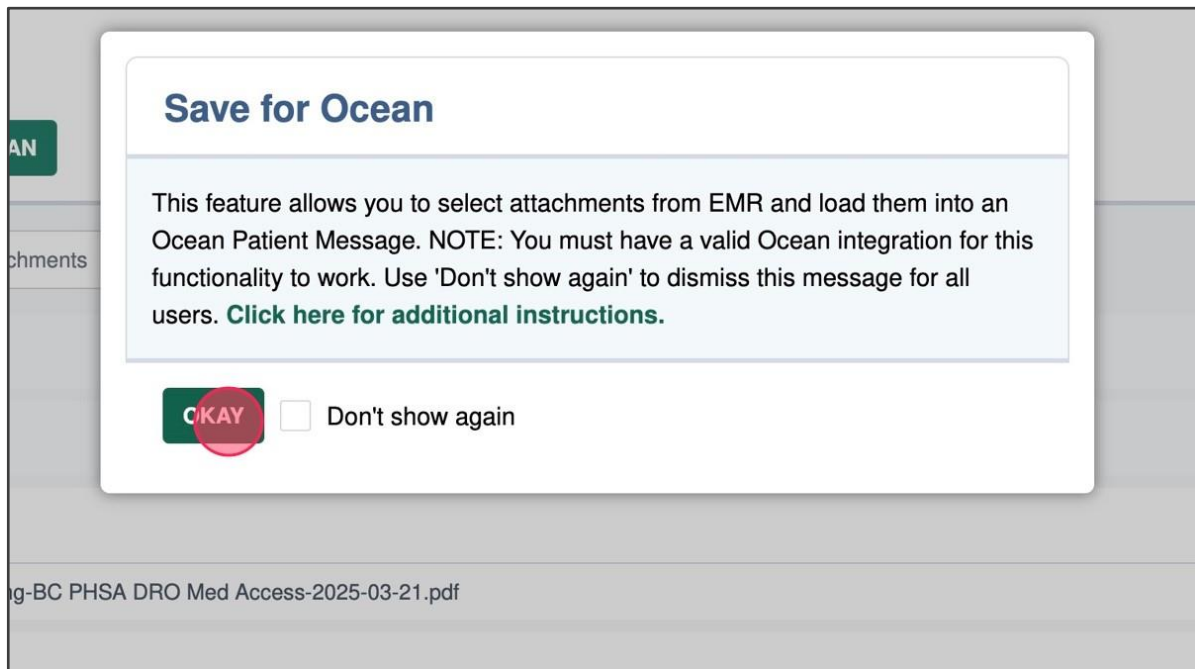
 eReferral - Gastroenterology - Ling Wong-BC PHSA DRO Med Access-2025-03-21.pdf

☐

eDocs (0 Selected)

 ScreenConnect Installer (Mac)

- If this is your first time, review the prompt, check **Don't show again** (optional), and/or click **OKAY**.



Note:

- You can now send an eReferral as usual. For detailed steps, refer to the [Link: [OSCAR PRO Sending Guide](#)]. *[rest of steps can be erased if this is the preferred set up]*

Option 1: Use the Ocean Toolbar

1. Click the small arrow to expand the Ocean toolbar.

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She/Her F 1997-08-13 27 years 604-889-8898 S Next Appt:

<p>Social History</p>	<p>Medical History</p>
<p>Ongoing Concerns</p> <ul style="list-style-type: none"> Crohn's Disease 	<p>Reminders</p>

Ocean 8827 Connected to Ocean 3 eReferrals

Search OSCAR Search

Filter Calculators Templates

Editors: Connect, Ocean; Assigned Issues Encounter Date: 04-Mar-2025 7:38 Rev 1 Enc Type:

Secure Ocean message sent by Dr. Amitoz Brar on Mar 11, 2025 7:20 am:
test
Editors: Connect, Ocean; Assigned Issues Encounter Date: 11-Mar-2025 7:20 Rev 1 Enc Type:

2. Click **Refer** to open the Ocean Healthmap.

MRP PATEL, PRIYA (She/Her) F 1997-08-13 27 years 604-889-8898 S Next Appt:

<p>Preventions</p> <ul style="list-style-type: none"> PAP Td Flu COVID-19 H1N1 HPV Test <p>Tickler</p> <p>Disease Registry</p> <p>Forms</p> <p>eForms</p> <p>Documents</p> <ul style="list-style-type: none"> eReferral - Gastroenterology ... 11-Mar-2025 eReferral - Gastroenterology ... 11-Mar-2025 IBD Questionnaire ... 11-Mar-2025 eReferral - Gastroenterology ... 07-Mar-2025 eReferral - Otolaryngology - L... 04-Mar-2025 Adolescent Checkup ... 04-Mar-2025 <p>Lab Result</p> <p>Messenger</p> <p>Measurements</p> <p>CDM Indicators</p> <p>Consultations</p> <ul style="list-style-type: none"> Gastroenterology Gastroente... 11-Mar-2025 Gastroenterology Gastroente... 11-Mar-2025 Gastroenterology Gastroente... 07-Mar-2025 Otolaryngology Otolaryngolog... 04-Mar-2025 <p>HRM Documents</p> <ul style="list-style-type: none"> eAAPS eConsult 	<p>Social History</p>	<p>Medical History</p>	<p>Ongoing Concerns</p> <ul style="list-style-type: none"> Crohn's Disease 	<p>Reminders</p>
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Ocean 8827 Connected to Ocean 3 eReferrals

Add Form Patient Summary Email Import **Refer** Settings

Search OSCAR Search

Filter Calculators Templates

Editors: Connect, Ocean; Assigned Issues Encounter Date: 04-Mar-2025 7:38 Rev 1 Enc Type:

Secure Ocean message sent by Dr. Amitoz Brar on Mar 11, 2025 7:20 am:
test
Editors: Connect, Ocean; Assigned Issues Encounter Date: 11-Mar-2025 7:20 Rev 1 Enc Type:

Regarding the Ocean secure message sent on Mar 11, 2025 6:45 am; Mar 11, 2025 7:20 am:
Please complete the attached forms ahead of your appointment. Please arrive 15 minutes before and use the street parking on Burnaby St.
test
The recipient received this message on Mar 11, 2025 7:20 am

Option 2: Use the Consultations Section

1. Click the + in the Consultations section.

2. Click **Refer** next to the Ocean logo at the top right to open the Ocean Healthmap.

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Consultation		PATEL, PRIYA F 27		Ocean Refer	
Created by: Daniyal Naumani		<input type="button" value="Submit Consultation Request"/> <input type="button" value="Submit Consultation Request & Print"/> <input type="button" value="Submit And Fax"/> <input type="button" value="Submit, Print, & Fax"/>			
Status <input checked="" type="radio"/> Nothing: <input type="radio"/> Pending Specialist Callback <input type="radio"/> Pending Patient Callback <input type="radio"/> Booking Confirmed <input type="radio"/> Completed Attach File to Consultation Currently Attached Files: None Legend Blue - Documents Purple - Labs Red - HRM Green - eForms Orange - Forms	Referring Practitioner:	Wynden, Andy		Patient:	PATEL, PRIYA
	Referral Date:	2025-03-18		Address:	209 Burnaby St Vancouver, BC, V3L 4V8
	Service:	All Services		Tel.No.:	604-889-8898
	Consultant:	All Specialists		Work No.:	604-889-8898
	Referrer Instructions			Cell No.:	604-889-8898
	Urgency	Non-Urgent		Email:	
	Phone:			Birthdate:	1997-08-13
	Fax:			Sex:	F
	Address:			Health Card No.:	8577889768 BC
	Appointment Instructions			Send to:	Teams
Appointment Date:	yyyy-mm-dd				
Appointment Time:	AM				
Letterhead Name:		Naumani, Daniyal			
Letterhead Address:		1234 Street St Vancouver BC V2V 2V2			
Letterhead Phone:		604-555-5555			
Letterhead Fax:		778-555-5555			
Reason for Consultation					
Pertinent clinical information:					
<input type="button" value="Social History"/> <input type="button" value="Family History"/> <input type="button" value="Medical History"/> <input type="button" value="Ongoing Concerns"/> <input type="button" value="Other Meds"/>					
<input type="button" value="Reminders"/> <input type="button" value="Risk Factors"/> <input type="button" value="Medications"/> <input type="button" value="Long Term Medications"/>					

Step 3: Complete and send the referral

1. In the Healthmap, use the **Find any health service** field to search by clinic, physician, or service name.
2. Select a search parameter.

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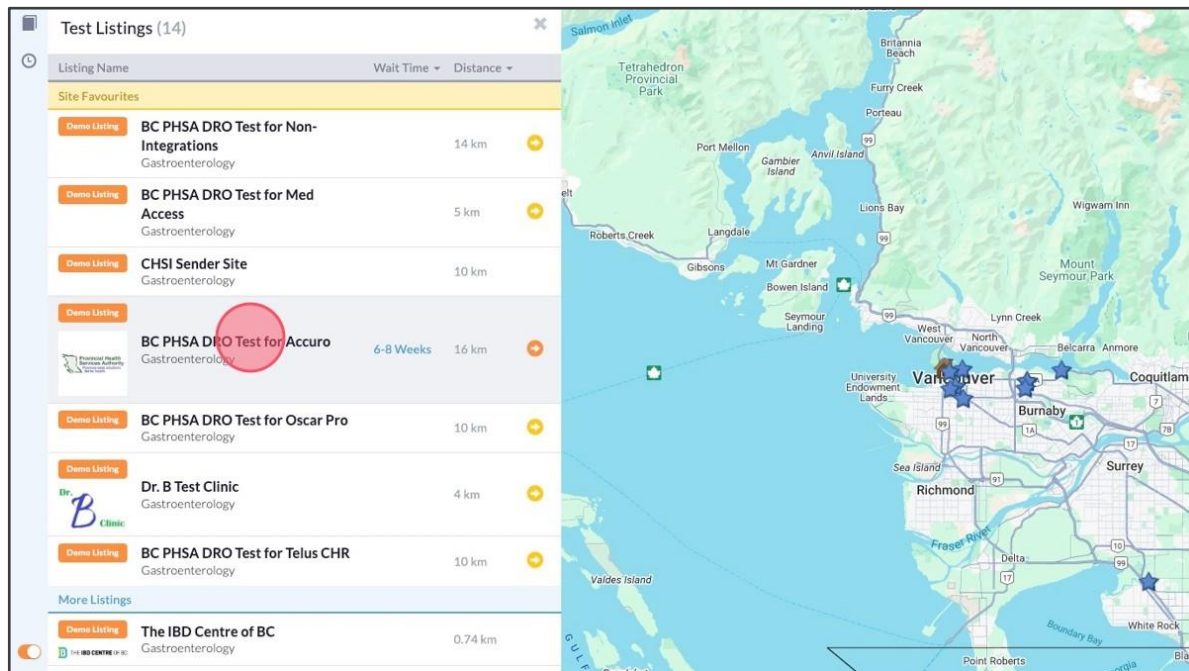
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The screenshot displays the Ocean Provider Network interface. At the top, a status bar indicates "You are currently using TEST MODE. Only listings testing eReferral will be visible while Test Mode is active." The search bar contains "Gastroenterology" and the location is set to "near 209 Burnaby St, Vancouver, BC". A dropdown menu shows search suggestions: "Any listing containing: Gastroenterology", "Gastroenterology", "Pediatric Gastroenterology", "Name: Gastroenterology...", and "Surname: Gastroenterology...". The left sidebar lists "Test Listings (100)" with a "Site Favourites" section. The main content area shows a list of listings, including "BC PHSA DRO Test for Med Access", "CHSI Sender Site", "BC PHSA DRO Test for Accuro", "BC PHSA DRO Test for Oscar Pro", "Dr. B Test Clinic", and "BC PHSA DRO Test for Telus CHR". A map on the right shows the Vancouver area with blue star markers indicating provider locations.

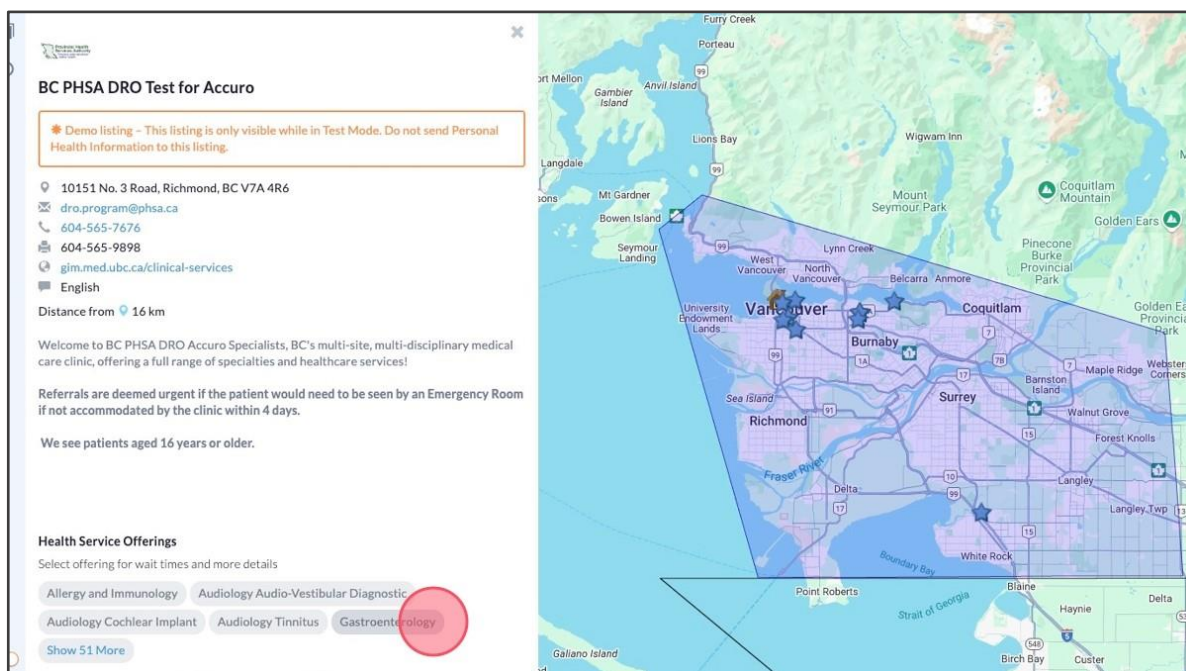
3. Choose a directory listing (Referral Target) from the left sidebar and click it.

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4. Scroll down and select the service for the eReferral.



5. Click **Send eReferral**.

Referrals are deemed urgent if the patient would need to be seen by an Emergency Room if not accommodated by the clinic within 4 days.

We see patients aged 16 years or older.

Health Service Offerings
Select offering for wait times and more details

Allergy and Immunology Audiology Audio-Vestibular Diagnostic
Audiology Cochlear Implant Audiology Tinnitus **Gastroenterology**
[Show 51 More](#)

Gastroenterology Accepting eReferrals ★

Self-Reported
Wait Time 1 6-8 Weeks Wait Time 2 4-6 Weeks
Calculated
Wait Time 1 Unspecified Wait Time 2 Unspecified

<https://www.specialistlink.ca/>
English

[Send Ocean eConsult](#) **Send eReferral**

[Add Site Notes](#) Who can see my notes?

Map of the Greater Vancouver area showing various locations and landmarks.

6. Fill out the referral form (mandatory fields are marked with *).

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Service: Gastroenterology - PHSA Gastroenterology Referral

Name and Pronouns (if different than above)

Name Used:

Pronouns Used:

Referral Information

Referral Priority: *

Refer To: *

Referral Type: *

Reason for Referral

Select all that apply *

Symptom Evaluation:

☐ Abdominal Pain

☐ Constipation

☐ Diarrhea More Than 14 Days

☐ Dyspepsia

7. OPTIONAL: Click **Save for Later** if you need to complete the referral later (you have up to 30 days).

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- Consult Notes
- Assessments

☐ Personal Health Information that is medically relevant has not been disclosed at the request of the patient.

+ Add Attachments...

20250320212804_LingWong-BCPHSADROMedAccess-2025-03-21.pdf

Referrer's Information

Dr. Daniyal Naumani

Site Name:	BC PHSA DRO Oscar Pro	Phone:	647-640-7222
Address:	3644 maguire street	Fax:	647-640-7222
		Billing #:	12345
City:	Windsor	Professional ID:	1234
Province:		Signed:	Dr. Daniyal Naumani
Postal Code:	N9E 4V5	Role:	Family Physician

Copy of referral and status updates to:

Cancel

Save for Later

Send TEST eReferral

8. Click Send eReferral to complete the referral submission.

Provincial Digital Health and Information Services

Partnering with the BC health sector, providers and citizens

- Consult Notes
- Assessments

☐ Personal Health Information that is medically relevant has not been disclosed at the request of the patient.

+

Add Attachments...

📎

20250320212804_LingWong-BCPHSADROMedAccess-2025-03-21.pdf

👁

✖

Referrer's Information

Dr. Daniyal Naumani

✎

Site Name:	BC PHSA DRO Oscar Pro	Phone:	647-640-7222
Address:	3644 maguire street	Fax:	647-640-7222
City:	Windsor	Billing #:	12345
Province:		Professional ID:	1234
Postal Code:	N9E 4V5	Signed:	Dr. Daniyal Naumani
		Role:	Family Physician

Copy of referral and status updates to:

✖

Cancel

📁

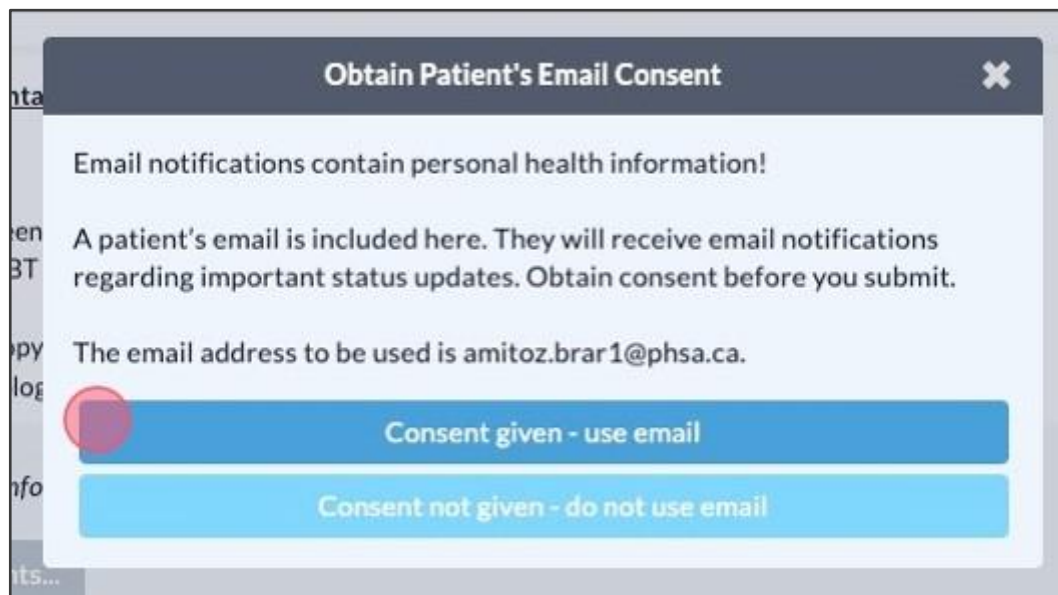
Save for Later

➔

Send TEST eReferral

Step 4: Confirm and finalize

1. Confirm patient consent for email updates (if applicable).



Obtain Patient's Email Consent [X]

Email notifications contain personal health information!

A patient's email is included here. They will receive email notifications regarding important status updates. Obtain consent before you submit.

The email address to be used is amitoz.brar1@phsa.ca.

☒ Consent given - use email

☐ Consent not given - do not use email

2. Confirm your clinical information.



Confirm Clinical Information [X]

For safety reasons, please confirm:

Patient: **Priya Patel** - age 27

Source Site: BC PHSA DRO Med Access

Referrer: **Dr. Daniyal Naumani** - 1234 - fax 647-640-7222

☒ Correct - Proceed

☐ Cancel

3. Review and confirm the eReferral. A copy of the eReferral summary will be imported into the EMR.

Summary:

Sent referral to **BC PHSA DRO Test for Accuro**
10151 No. 3 Road, Richmond, BC, V7A 4R6 Phone: 604-565-7676 Fax: 604-565-9898
dro.program@phsa.ca

Referral Information
Priority: **Routine**
Refer To: First Available Appointment
Referral Type: New Referral

Reason for Referral
Symptom Evaluation:
Abdominal Pain
Clinical Warnings: **None**

☐ Include map

Tip(s): To learn more

- Follow this [link to a related guide from Ocean](#) for more information