# Introduction to PDCC IT Platform

Primary Dental Co-care Pilot Scheme for Adolescents

Briefing Session for Private Dentists

IT&HI

醫健通 eHealth

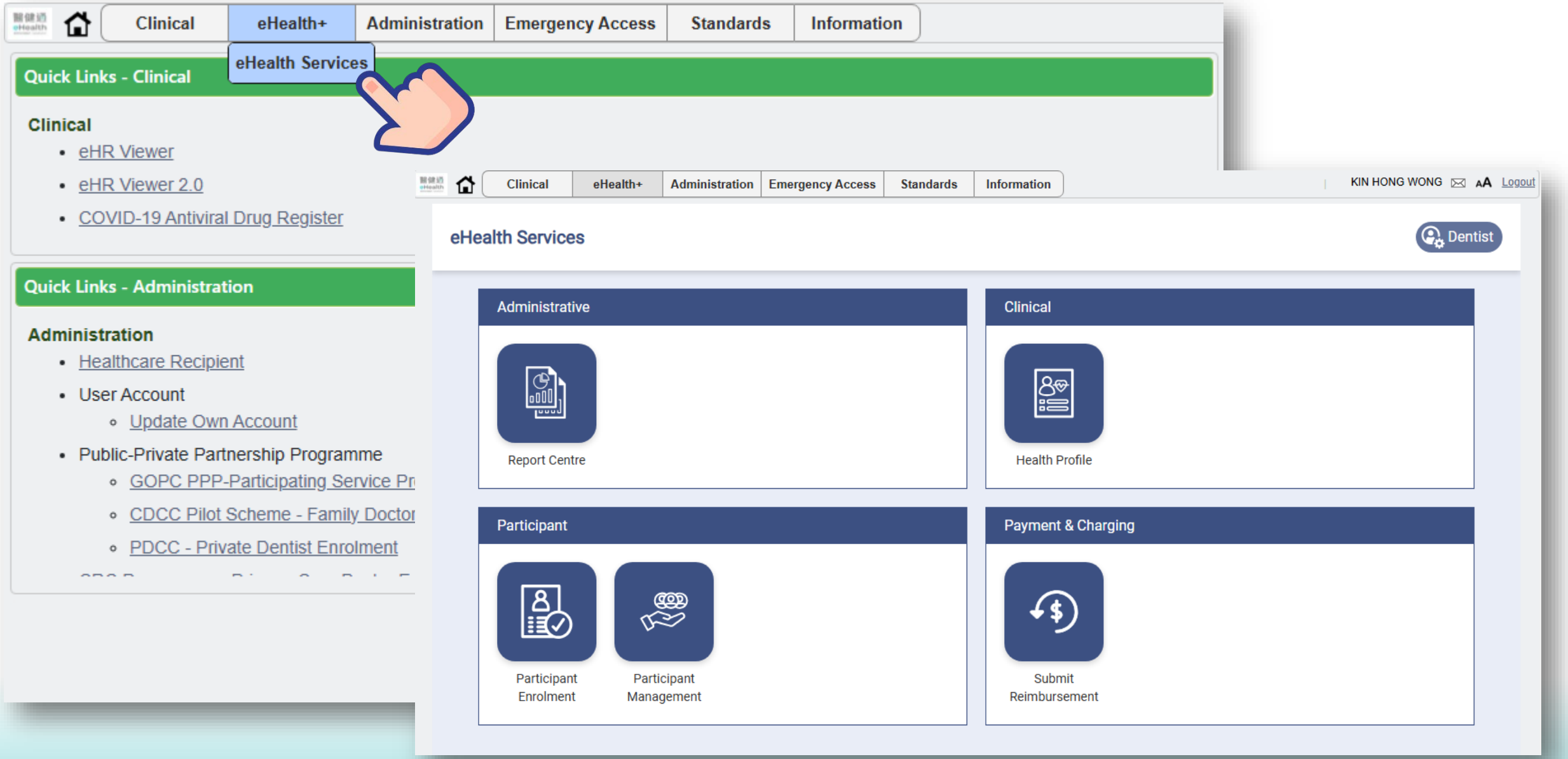
# What's eHealth?

Aims to build up free and lifelong electronic health records for all members of the public:

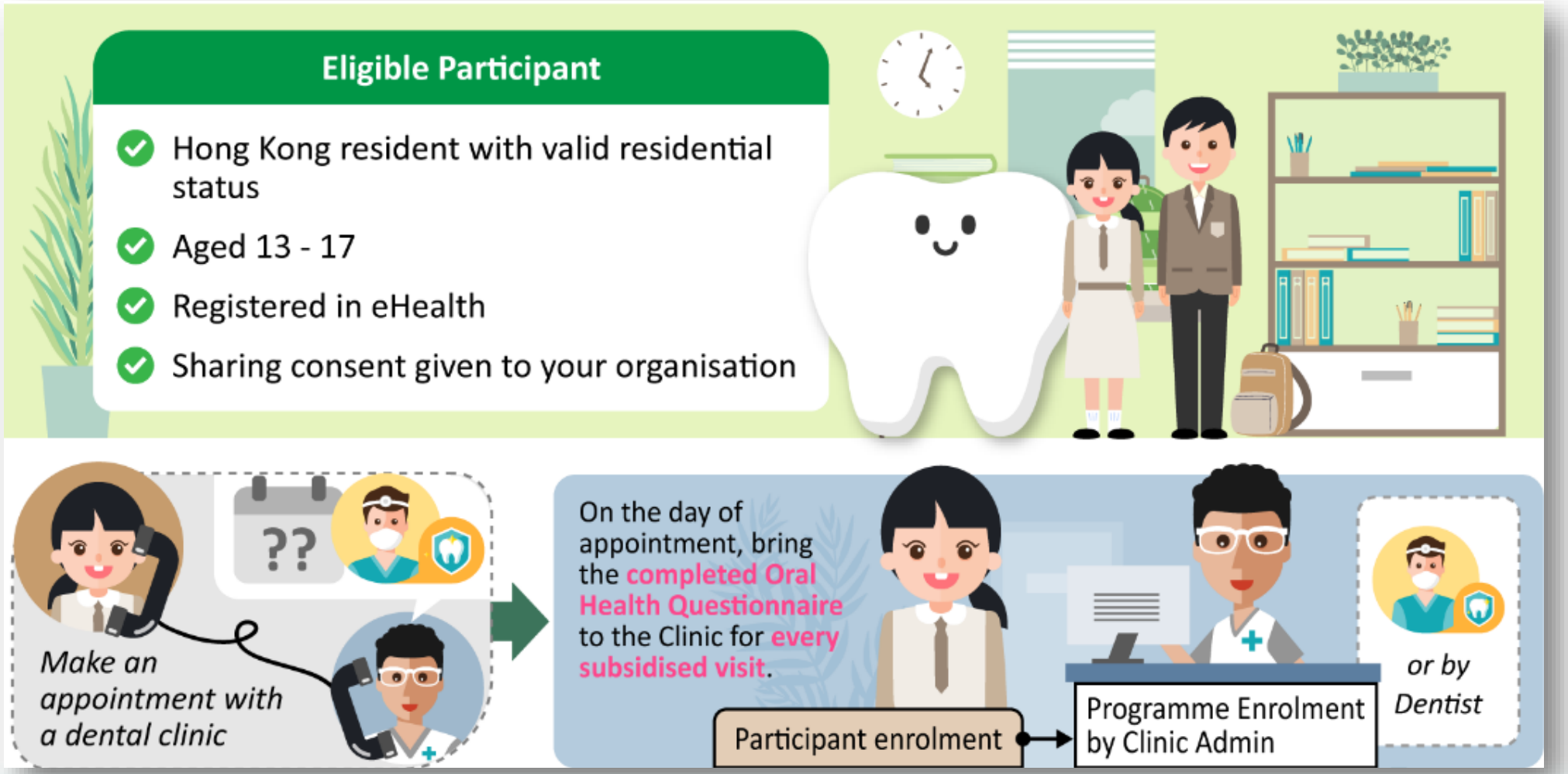
- Enable two-way sharing among public and private healthcare providers
- Voluntary participation, territory-wide and patient-oriented
- Participants' health records are stored in encrypted electronic format
- An information technology platform for implementing healthcare **public-private partnership programmes**


醫健通 eHealth 香港特別行政區政府 HKSARGOVT

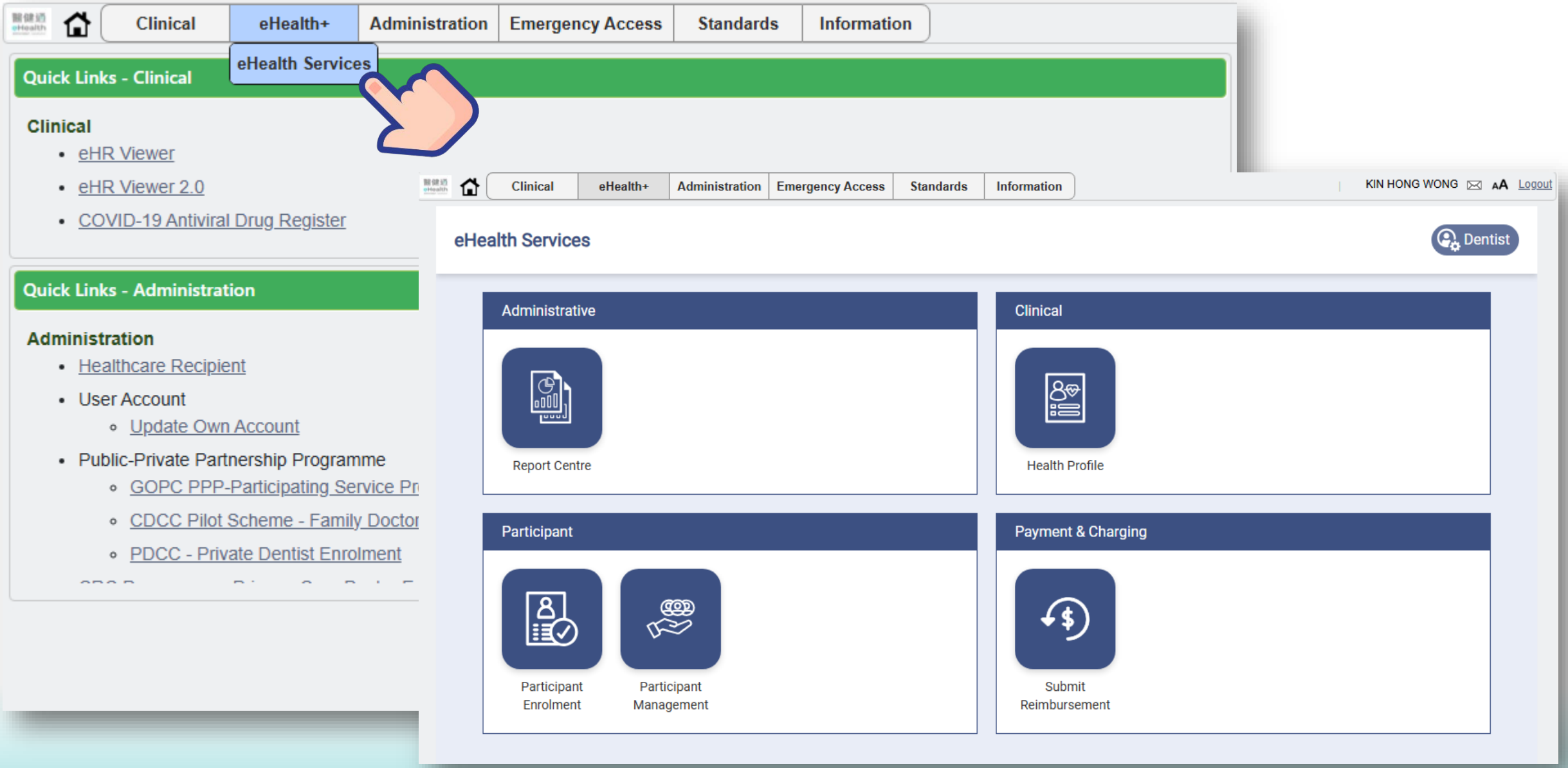
# Platform for All Subsidised Government Programmes



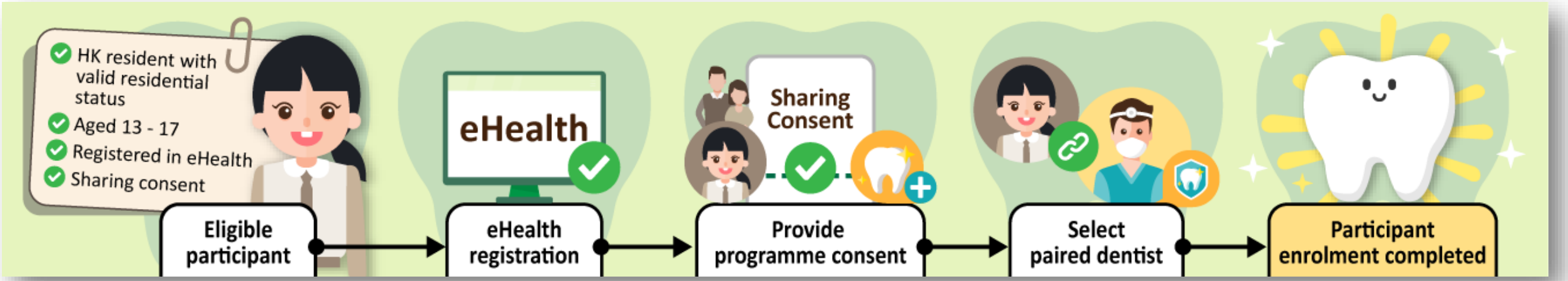
# How to Start?


Eligible Participant
Hong Kong resident with valid residential status
Aged 13 - 17
Registered in eHealth
Sharing consent given to your organisation
??
Make an appointment with a dental clinic
On the day of appointment, bring the completed Oral Health Questionnaire to the Clinic for every subsidised visit.
Participant enrolment
Programme Enrolment by Clinic Admin
or by Dentist

# Participant Enrolment



# All-in-One Participant Enrolment – Complete Everything Easily in One Go




**Tips**

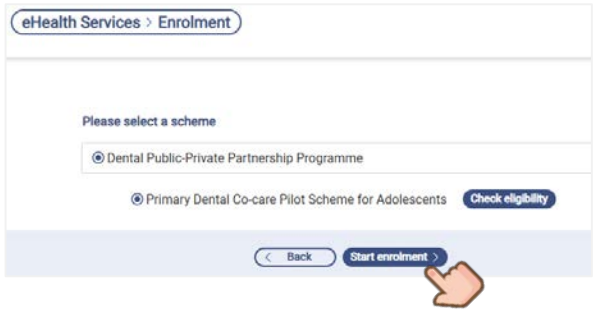
Ask participants to read the enrolment documents before initiating the enrolment process.

## Participant Information & Eligibility Checking

## eHealth Express Registration

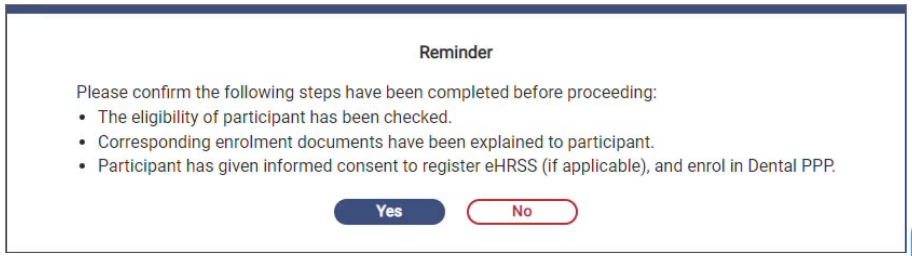
## Programme Enrolment

1 Start enrolment

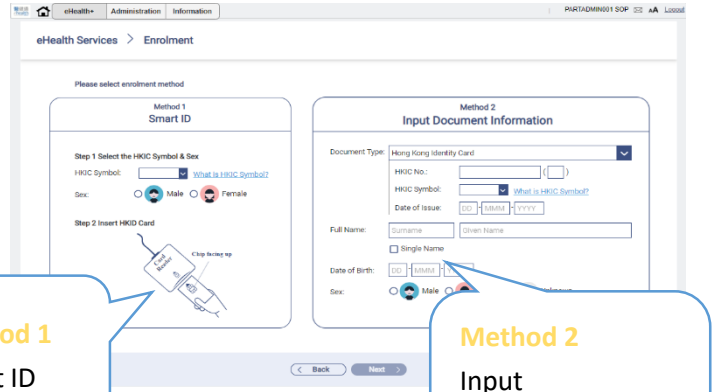



2 Staff to acknowledge participant has read all enrolment documents

Click [Yes] on the pop-up reminder



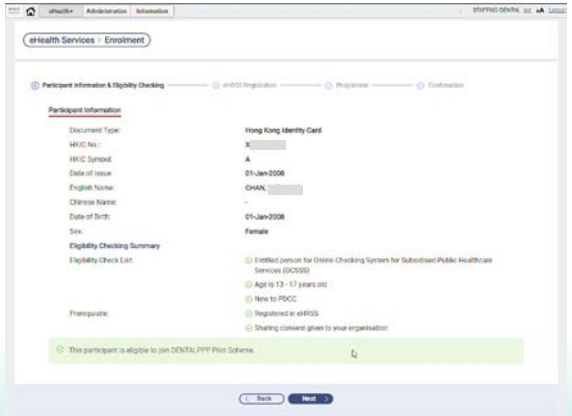

3 Enter participant's particulars



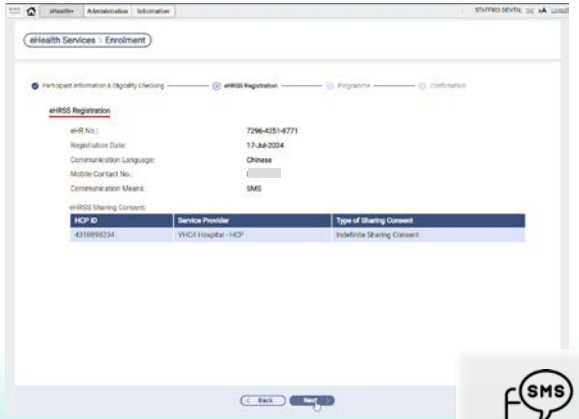

**Method 1**
Smart ID

**Method 2**
Input Documentation Information

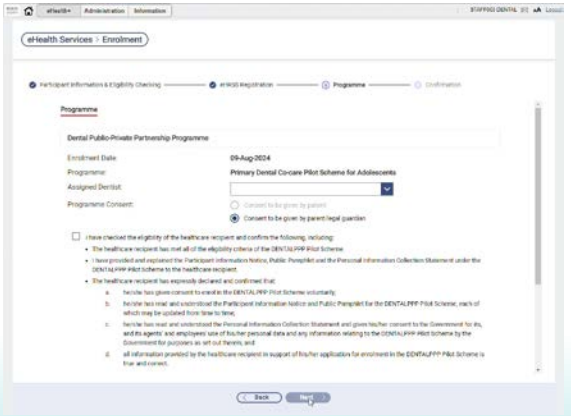
4 Eligibility and pre-requisite checklist & proceed to eHealth registration, give sharing consent and PDCC enrolment



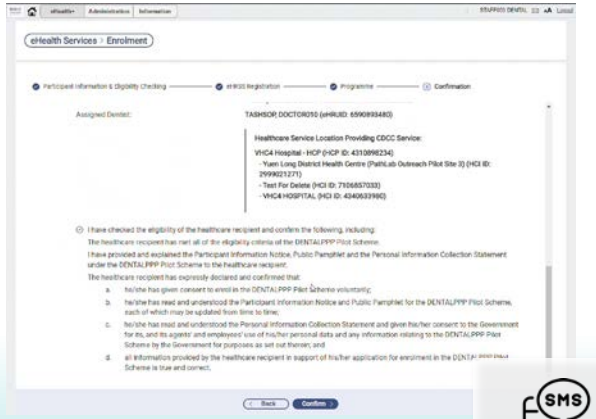

Eligibility



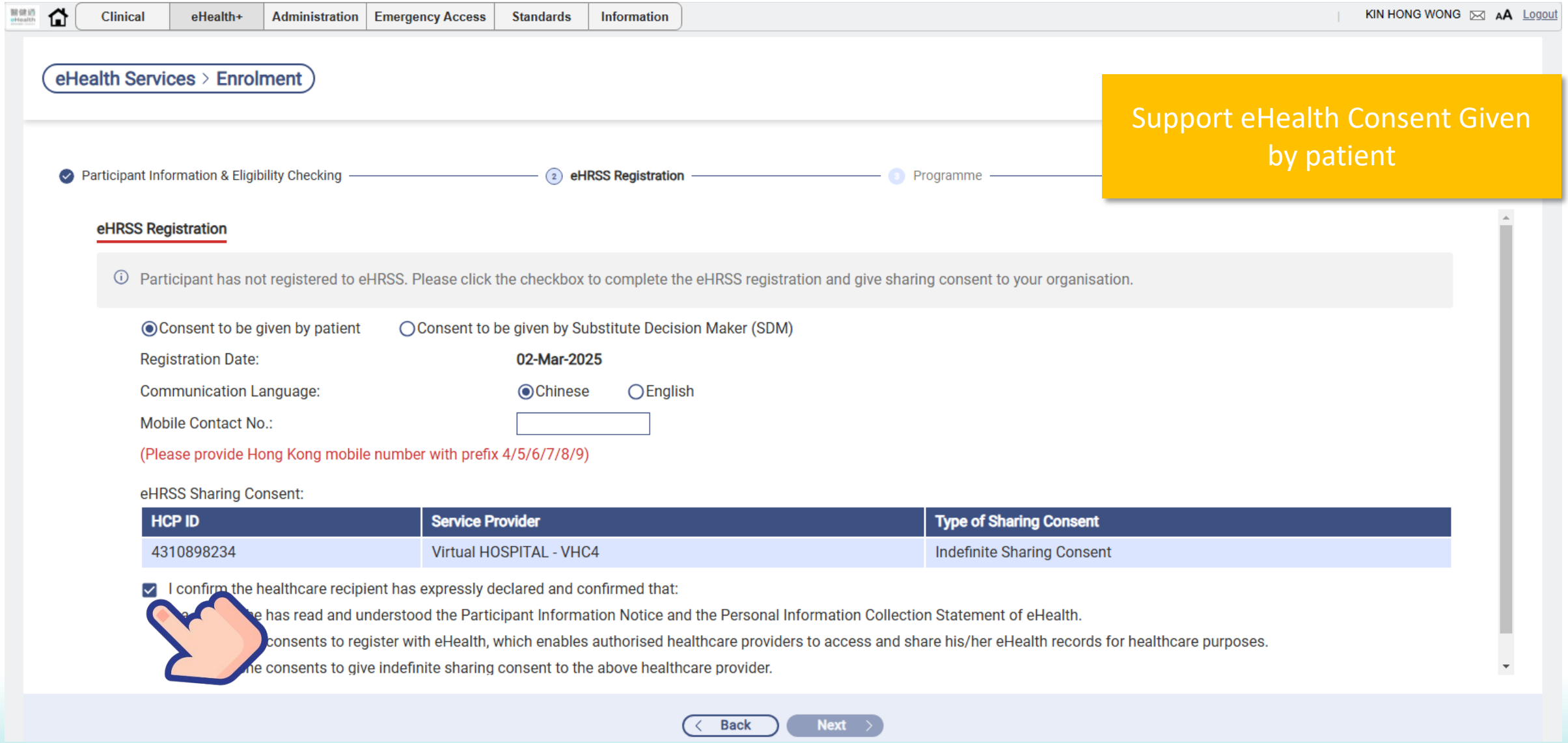

eHealth Express Registration




Programme Consent




Confirmation




Support eHealth Consent Given by patient

eHealth Services > Enrolment

Participant Information & Eligibility Checking — 2 eHRSS Registration — 3 Programme — 4 Confirmation

## eHRSS Registration

Participant has not registered to eHRSS. Please click the checkbox to complete the eHRSS registration and give sharing consent to your organisation.

**Participant <16 years old**

Support eHealth Consent Given by SDM (Parent, guardian etc.)

○ Consent to be given by patient ◉ Consent to be given by Substitute Decision Maker (SDM)

Registration Date: **12-Feb-2025**

Communication Language: ◉ Chinese ○ English

Mobile Contact No.: 5

(Please provide Hong Kong mobile number with prefix 4/5/6/7/8/9)

eHRSS Sharing Consent:

| HCP ID | Service Provider | Type of Sharing Consent |
|---|---|---|
| 4310898234 | Virtual HOSPITAL - VHC4 | Indefinite Sharing Consent |

**SDM-For HCR under 16/ at 16 or above and is incapable of giving consent**

HKIC No.: ( )

* ID Doc Type: One-way Permit (單程証)

* ID Doc No.: 1

Title.:

* English Name: LEE MOTHER ☐ Single Name

Chinese Name:

Type of HCR: Minor

* Type of SDM: Parent

* Mobile Phone No. (SDM) : 5

☑ I confirm the healthcare recipient and his/her SDM have expressly declared and confirmed that:

- ...tity and communication information of the healthcare recipient (HCR) and his/her substitute decision maker (SDM) have been verified.
- ...ship proof of the HCR and his/her SDM has been verified (if applicable).

Th...onfirmed that -

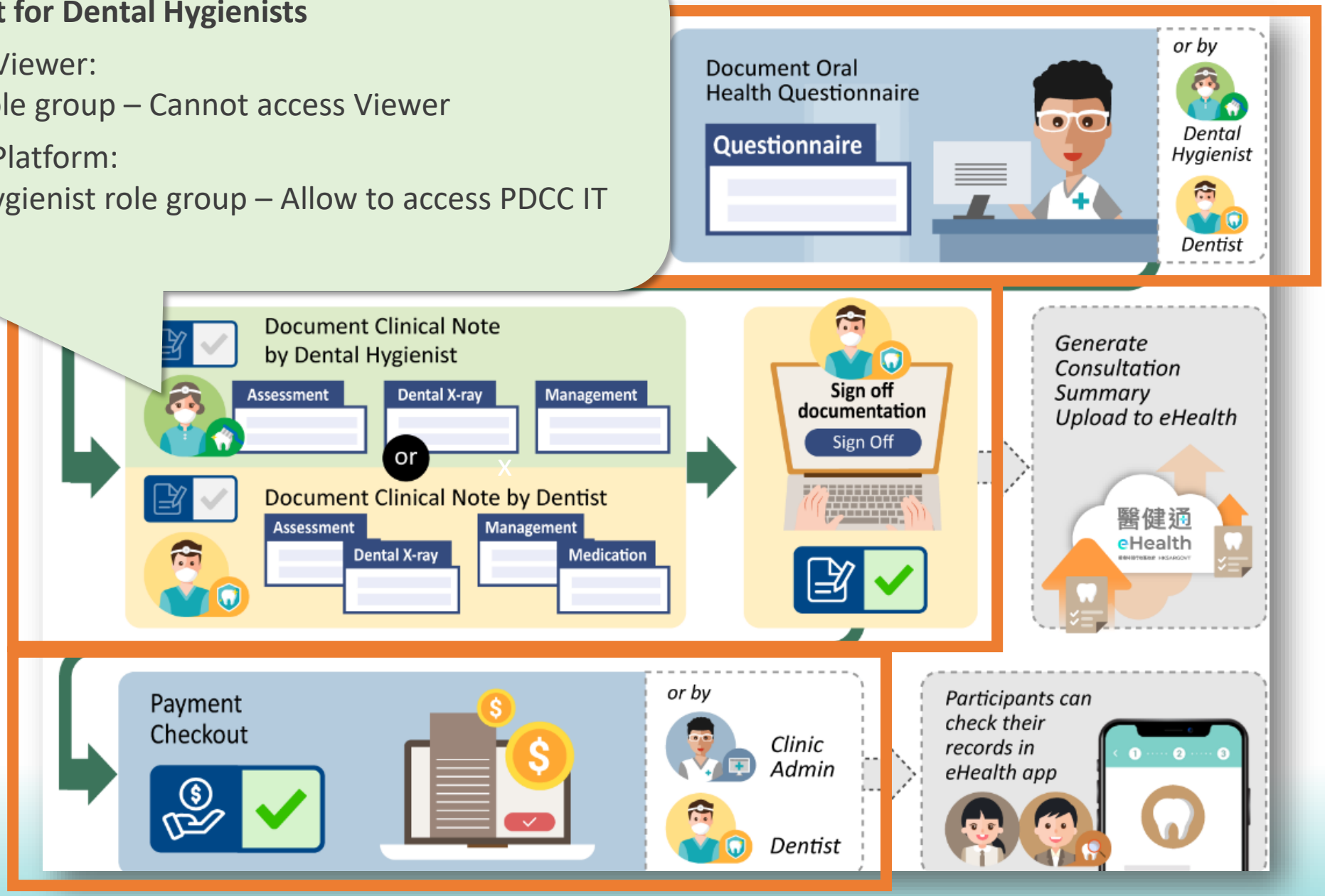
i. The HCR meets the conditions for requiring an SDM as set out in the Electronic Health Record Sharing System Ordinance (Cap. 625) (eHRSSO).
ii. He/she is an eligible SDM in accordance with the requirements as set out in the eHRSSO.
iii. When making the application on behalf of the HCR, he/she was accompanying the HCR and had regard to the best interests of the HCR in the circumstances.
iv. He/she has read and understood the "Participant Information Notice", in particular "Important Notes for SDM Handling Registration Matters on Behalf of an HCR" and the "Personal Information Collection Statement".

Back Next

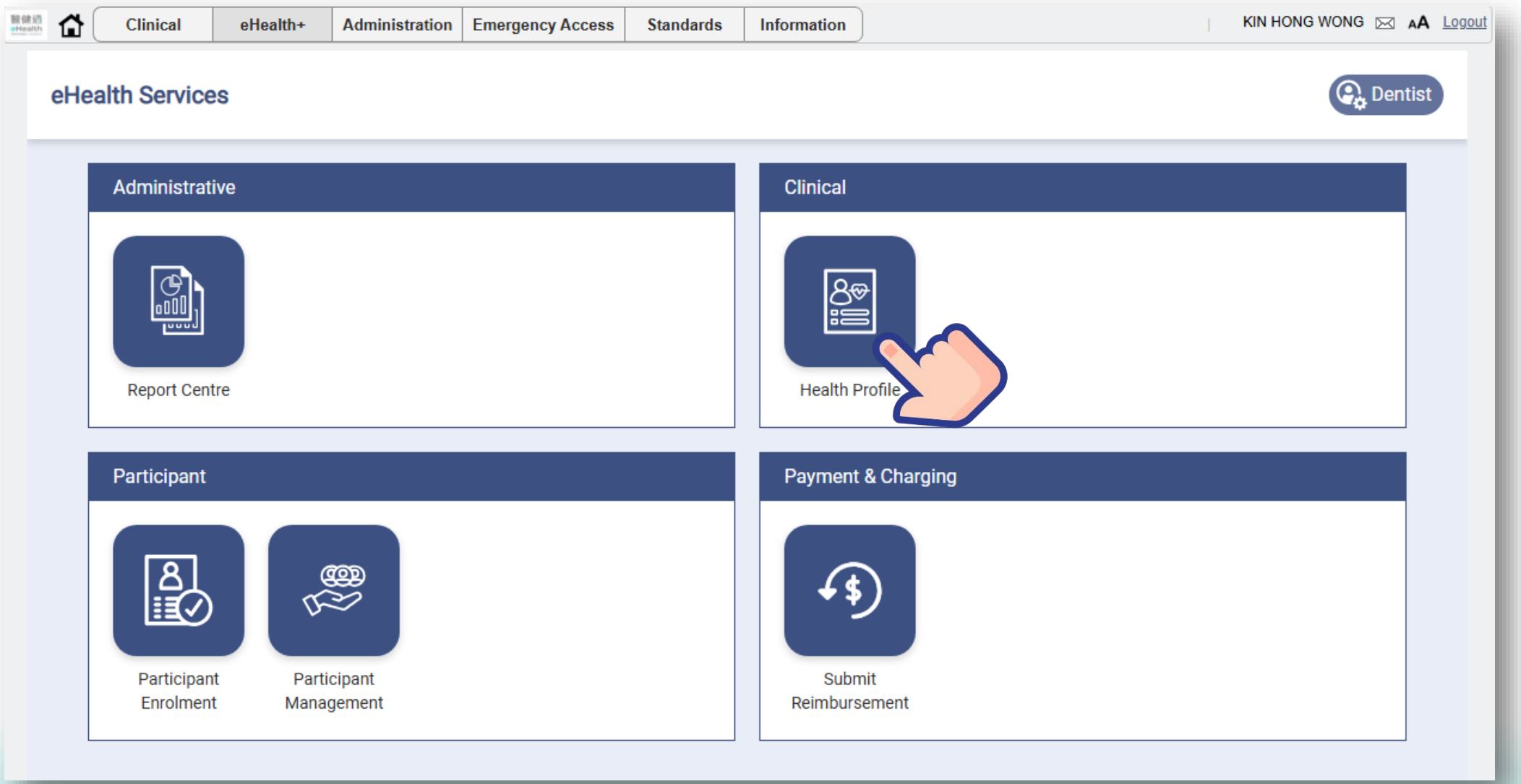
# Clinical Documentation

**Access Right for Dental Hygienists**

- eHealth Viewer:
  Admin role group – Cannot access Viewer
- PDCC IT Platform:
  Dental hygienist role group – Allow to access PDCC IT platform



# Clinical Documentation



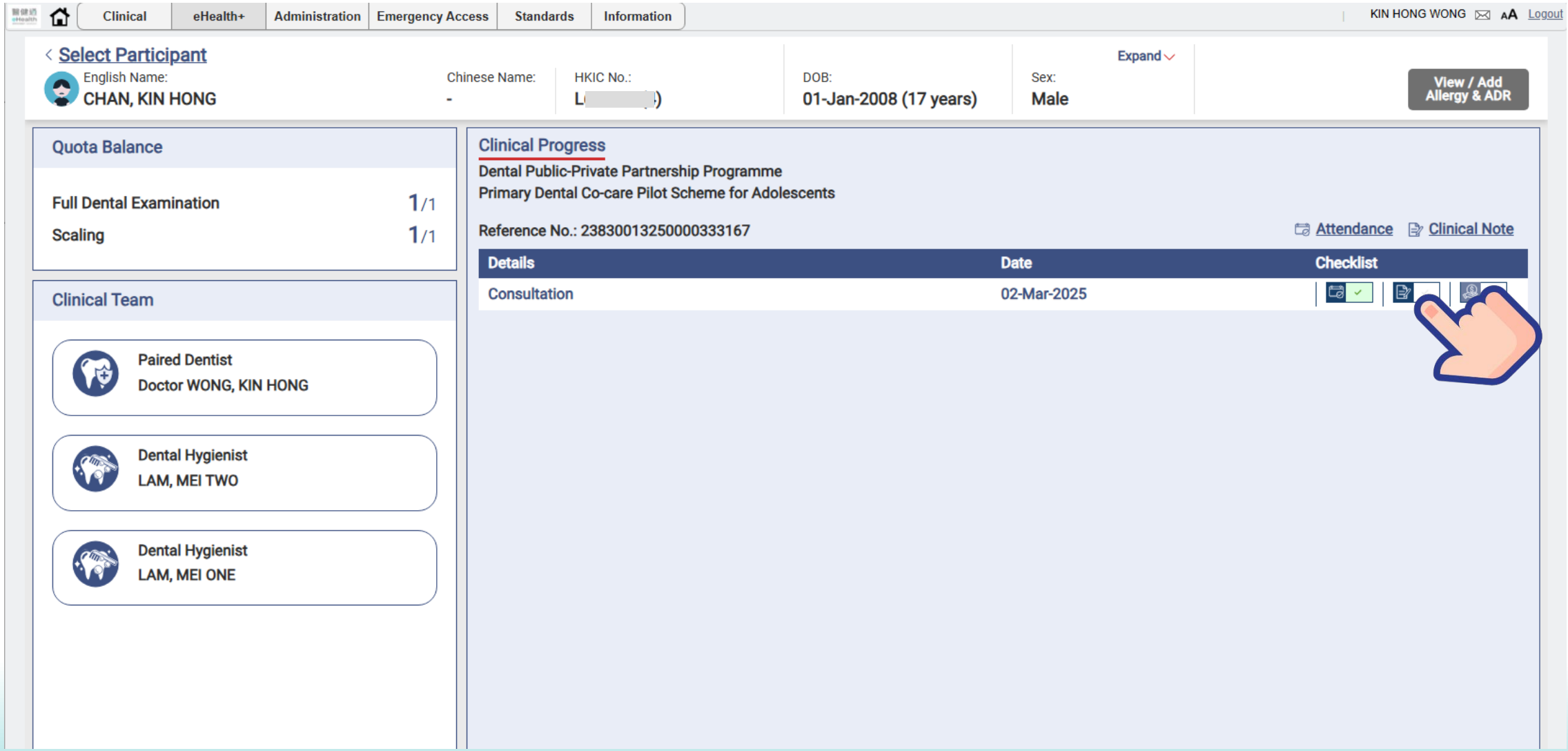
# Register Attendance | Clinical Documentation | Payment Checkout

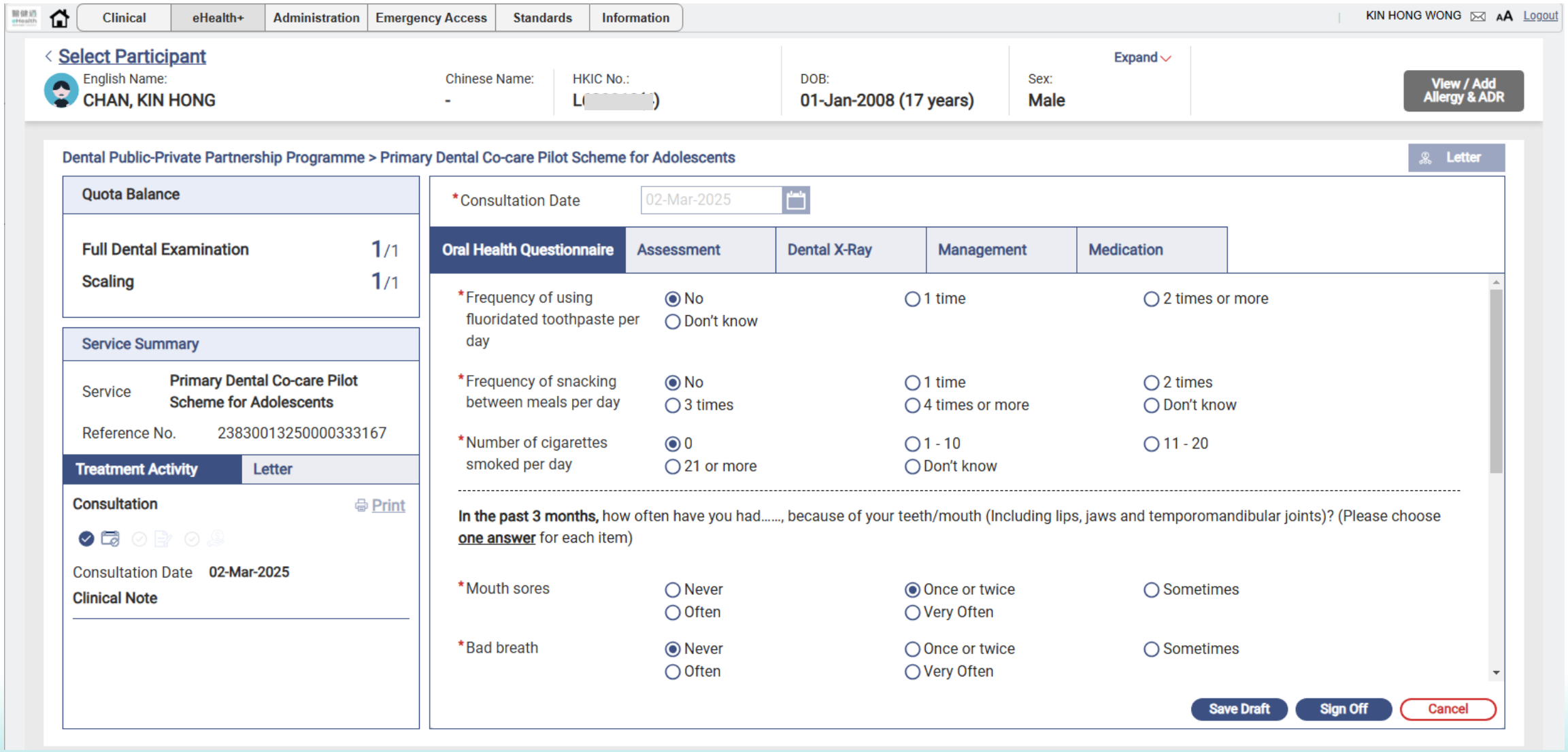
1 Select participant

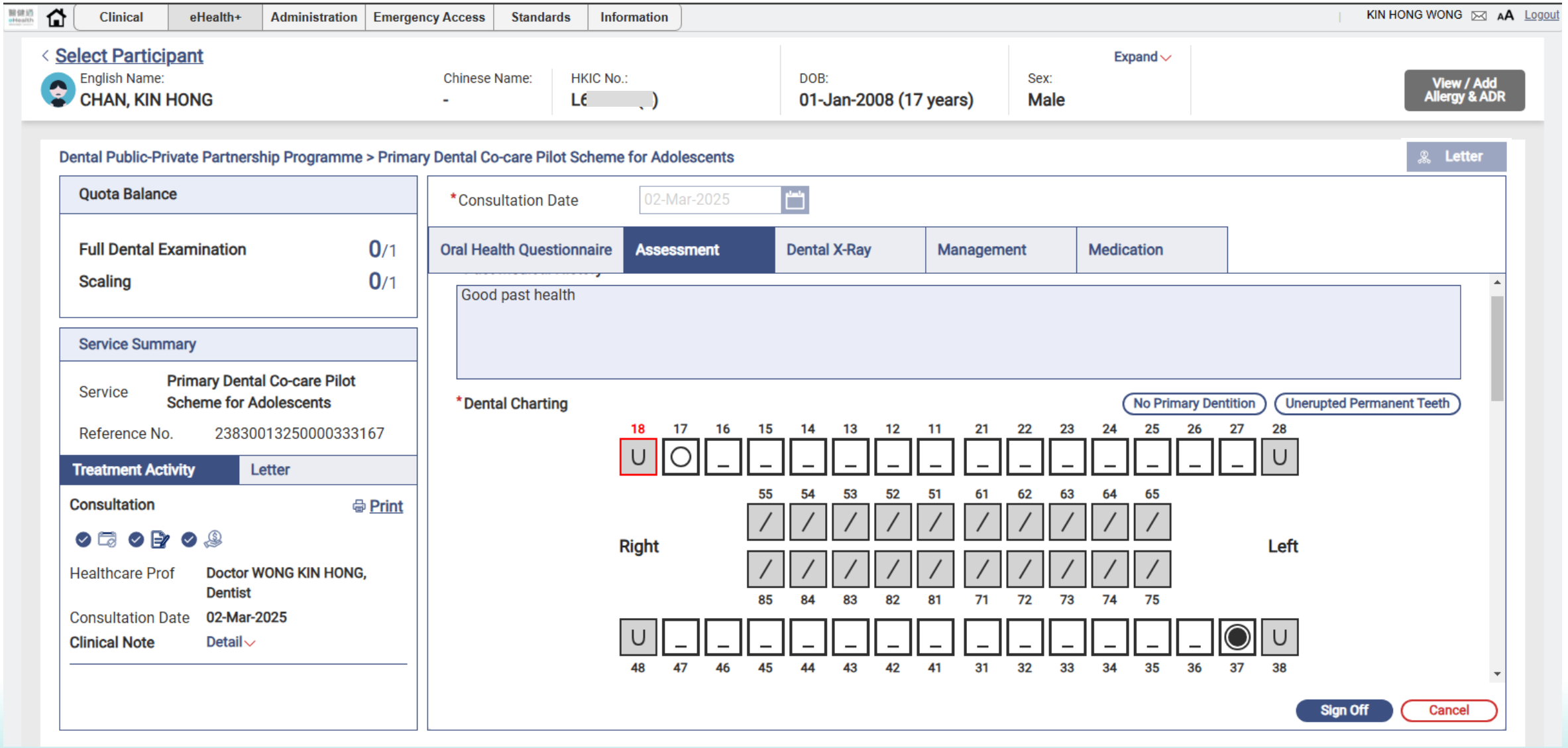

2 Click [Attendance] under “Clinical Progress”

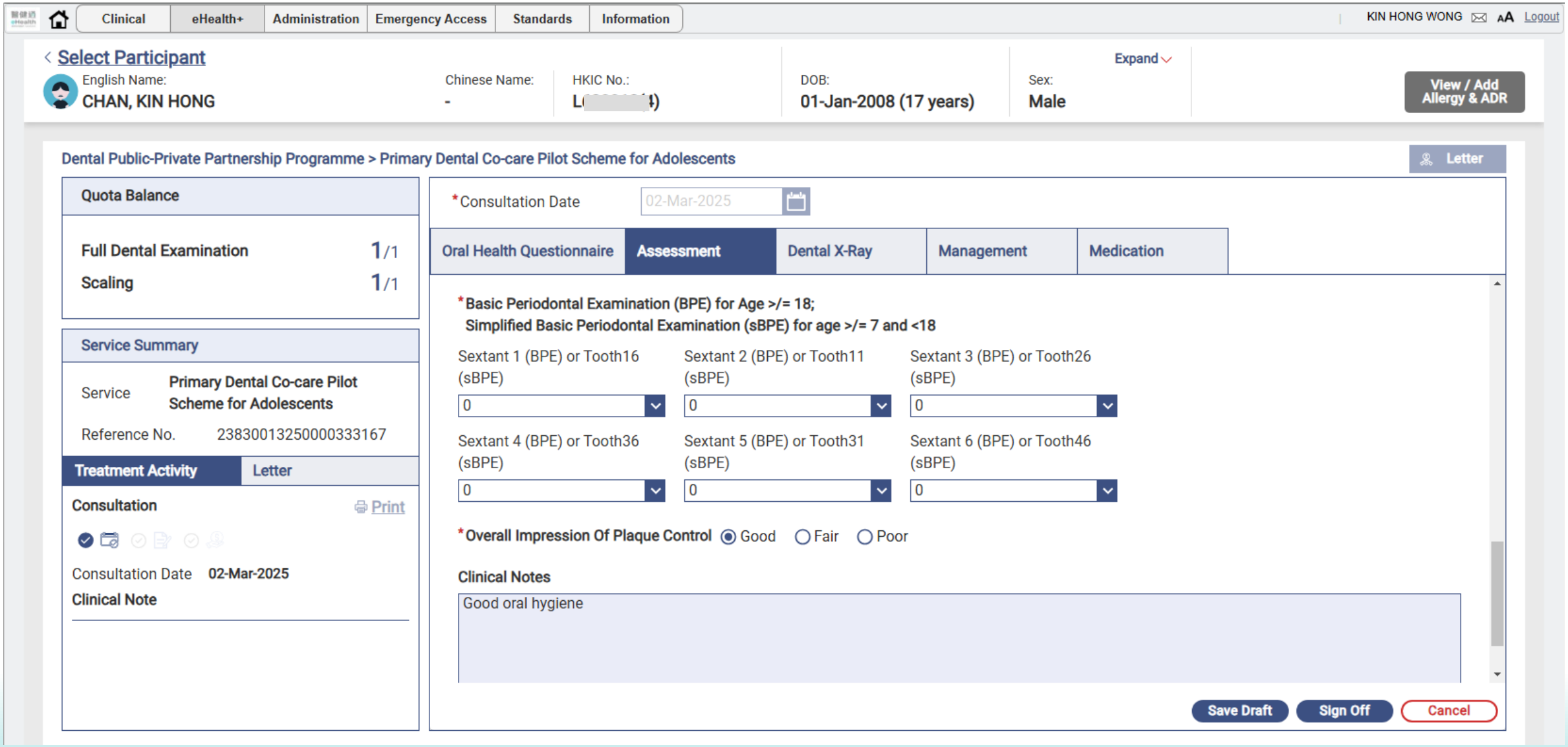

3 Select the method to register attendance. Notification will be sent to participants’ communication mean after taking attendance.


4 Attendance registered


Clinical
eHealth+
Administration
Emergency Access
Standards
Information
KIN HONG WONG
Logout
Select Participant
English Name:
CHAN, KIN HONG
Chinese Name:
-
HKIC No.:
DOB:
01-Jan-2008 (17 years)
Sex:
Male
Expand
View / Add Allergy & ADR
Quota Balance
Full Dental Examination 1/1
Scaling 1/1
Clinical Team
Paired Dentist
Doctor WONG, KIN HONG
Dental Hygienist
LAM, MEI TWO
Dental Hygienist
LAM, MEI ONE
Clinical Progress
Dental Public-Private Partnership Programme
Primary Dental Co-care Pilot Scheme for Adolescents
Reference No.: 23830013250000333167
Attendance
Clinical Note
Details
Date
Checklist
Consultation
02-Mar-2025


Clinical
eHealth+
Administration
Emergency Access
Standards
Information
KIN HONG WONG
Logout
Select Participant
English Name:
CHAN, KIN HONG
Chinese Name:
-
HKIC No.:
DOB:
01-Jan-2008 (17 years)
Sex:
Male
Expand
View / Add Allergy & ADR
Dental Public-Private Partnership Programme > Primary Dental Co-care Pilot Scheme for Adolescents
Letter
Quota Balance
Full Dental Examination 1/1
Scaling 1/1
Service Summary
Service Primary Dental Co-care Pilot Scheme for Adolescents
Reference No. 23830013250000333167
Treatment Activity
Letter
Consultation
Print
Consultation Date 02-Mar-2025
Clinical Note
*Consultation Date 02-Mar-2025
Oral Health Questionnaire
Assessment
Dental X-Ray
Management
Medication
*Frequency of using fluoridated toothpaste per day
No
1 time
2 times or more
Don't know
*Frequency of snacking between meals per day
No
1 time
2 times
3 times
4 times or more
Don't know
*Number of cigarettes smoked per day
0
1 - 10
11 - 20
21 or more
Don't know
In the past 3 months, how often have you had....., because of your teeth/mouth (Including lips, jaws and temporomandibular joints)? (Please choose one answer for each item)
*Mouth sores
Never
Once or twice
Sometimes
Often
Very Often
*Bad breath
Never
Once or twice
Sometimes
Often
Very Often
Save Draft
Sign Off
Cancel


Clinical
eHealth+
Administration
Emergency Access
Standards
Information
KIN HONG WONG
Logout
Select Participant
English Name:
CHAN, KIN HONG
Chinese Name:
-
HKIC No.:
DOB:
01-Jan-2008 (17 years)
Sex:
Male
Expand
View / Add Allergy & ADR
Dental Public-Private Partnership Programme > Primary Dental Co-care Pilot Scheme for Adolescents
Letter
Quota Balance
Full Dental Examination 0/1
Scaling 0/1
Service Summary
Service Primary Dental Co-care Pilot Scheme for Adolescents
Reference No. 23830013250000333167
Treatment Activity
Letter
Consultation
Print
Healthcare Prof Doctor WONG KIN HONG, Dentist
Consultation Date 02-Mar-2025
Clinical Note Detail
*Consultation Date 02-Mar-2025
Oral Health Questionnaire
Assessment
Dental X-Ray
Management
Medication
Good past health
*Dental Charting
No Primary Dentition
Unerupted Permanent Teeth
18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28
U ○ _ _ _ _ _ _ _ _ _ _ _ _ _ U
55 54 53 52 51 61 62 63 64 65
/ / / / / / / / / /
Right
Left
/ / / / / / / / / /
85 84 83 82 81 71 72 73 74 75
U _ _ _ _ _ _ _ _ _ _ _ _ _ ● U
48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38
Sign Off
Cancel


Clinical
eHealth+
Administration
Emergency Access
Standards
Information
KIN HONG WONG
Logout
Select Participant
English Name:
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Chinese Name:
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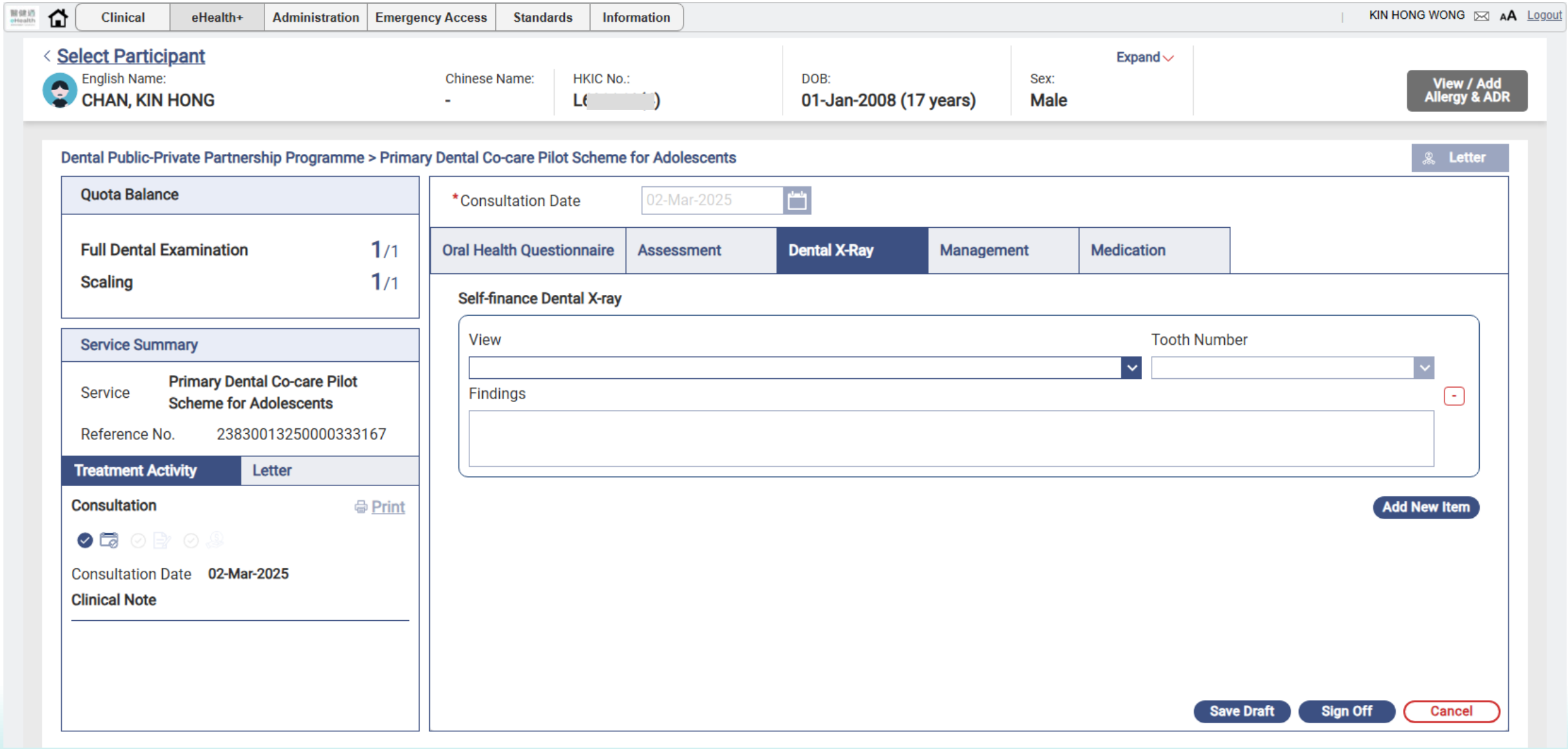
Reference No. 23830013250000333167
Treatment Activity
Letter
Consultation
Print
Consultation Date 02-Mar-2025
Clinical Note
*Consultation Date 02-Mar-2025
Oral Health Questionnaire
Assessment
Dental X-Ray
Management
Medication
*Basic Periodontal Examination (BPE) for Age >/= 18;
Simplified Basic Periodontal Examination (sBPE) for age >/= 7 and <18
Sextant 1 (BPE) or Tooth16 (sBPE)
Sextant 2 (BPE) or Tooth11 (sBPE)
Sextant 3 (BPE) or Tooth26 (sBPE)
Sextant 4 (BPE) or Tooth36 (sBPE)
Sextant 5 (BPE) or Tooth31 (sBPE)
Sextant 6 (BPE) or Tooth46 (sBPE)
0
*Overall Impression Of Plaque Control Good Fair Poor
Clinical Notes
Good oral hygiene
Save Draft
Sign Off
Cancel


Clinical
eHealth+
Administration
Emergency Access
Standards
Information
KIN HONG WONG
Logout
Select Participant
English Name:
CHAN, KIN HONG
Chinese Name:
-
HKIC No.:
DOB:
01-Jan-2008 (17 years)
Sex:
Male
Expand
View / Add Allergy & ADR
Dental Public-Private Partnership Programme > Primary Dental Co-care Pilot Scheme for Adolescents
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Quota Balance
Full Dental Examination 1/1
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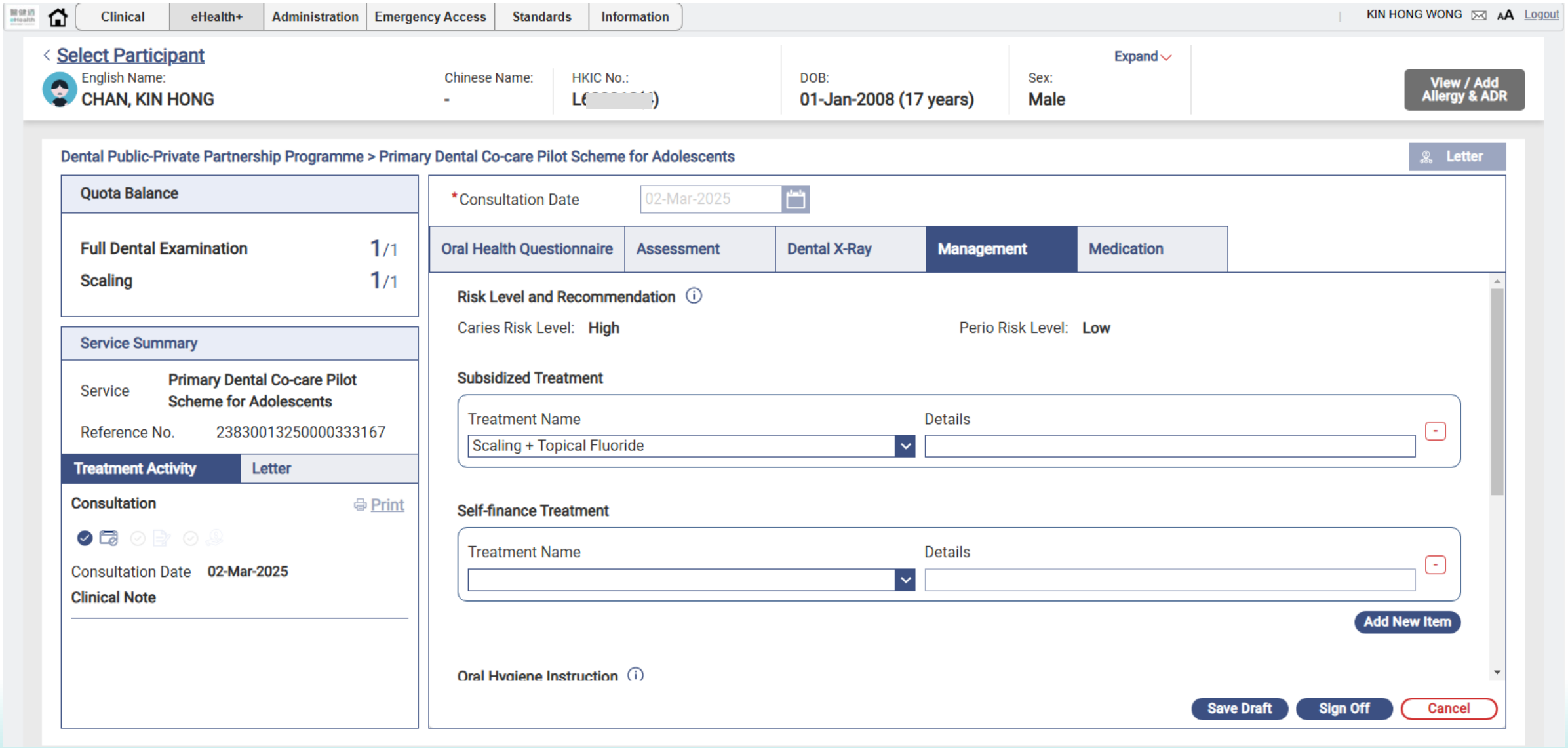
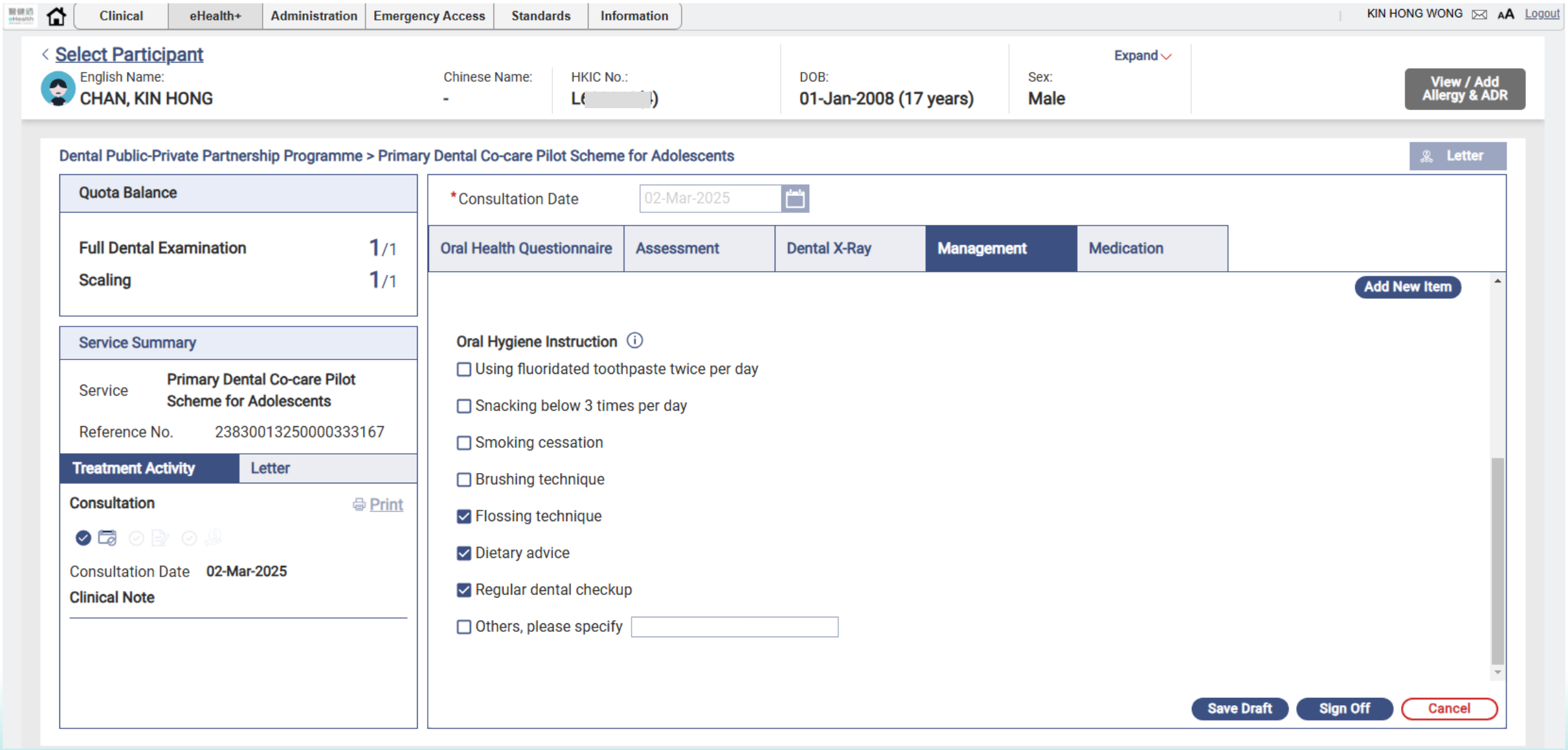
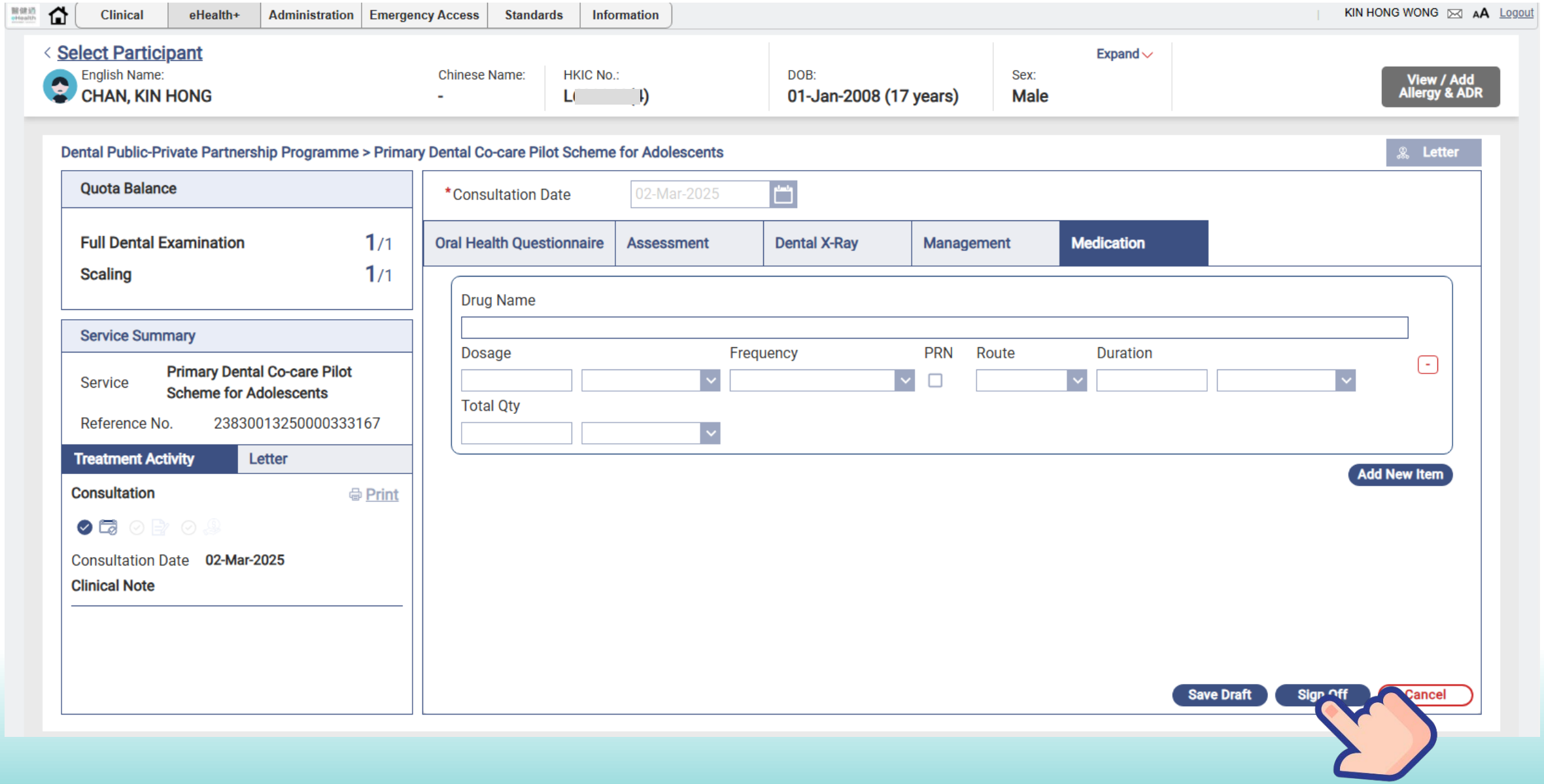
Treatment Activity
Letter
Consultation
Print
Consultation Date 02-Mar-2025
Clinical Note
*Consultation Date
02-Mar-2025
Oral Health Questionnaire
Assessment
Dental X-Ray
Management
Medication
Self-finance Dental X-ray
View
Tooth Number
Findings
Add New Item
Save Draft
Sign Off
Cancel


Clinical
eHealth+
Administration
Emergency Access
Standards
Information
KIN HONG WONG
Logout
Select Participant
English Name:
CHAN, KIN HONG
Chinese Name:
-
HKIC No.:
DOB:
01-Jan-2008 (17 years)
Sex:
Male
Expand
View / Add Allergy & ADR
Dental Public-Private Partnership Programme > Primary Dental Co-care Pilot Scheme for Adolescents
Letter
Quota Balance
Full Dental Examination 1/1
Scaling 1/1
Service Summary
Service Primary Dental Co-care Pilot Scheme for Adolescents
Reference No. 23830013250000333167
Treatment Activity
Letter
Consultation
Print
Consultation Date 02-Mar-2025
Clinical Note
*Consultation Date
02-Mar-2025
Oral Health Questionnaire
Assessment
Dental X-Ray
Management
Medication
Risk Level and Recommendation
Caries Risk Level: High
Perio Risk Level: Low
Subsidized Treatment
Treatment Name
Details
Scaling + Topical Fluoride
Self-finance Treatment
Treatment Name
Details
Add New Item
Oral Hygiene Instruction
Save Draft
Sign Off
Cancel

Register Attendance | Clinical Documentation | Payment Checkout



Register Attendance | Clinical Documentation | Payment Checkout



Clinical | eHealth+ | Administration | Emergency Access | Standards | Information

KIN HONG WONG | AA | Logout

Select Participant

English Name: CHAN, KIN HONG
Chinese Name: -
HKIC No.: L(*****)
DOB: 01-Jan-2008 (17 years)
Sex: Male

Expand

View / Add Allergy & ADR

## Quota Balance

| | |
|---|---|
| Full Dental Examination | 1/1 |
| Scaling | 1/1 |

## Clinical Team

- Paired Dentist: Doctor WONG, KIN HONG
- Dental Hygienist: LAM, MEI TWO
- Dental Hygienist: LAM, MEI ONE

## Clinical Progress

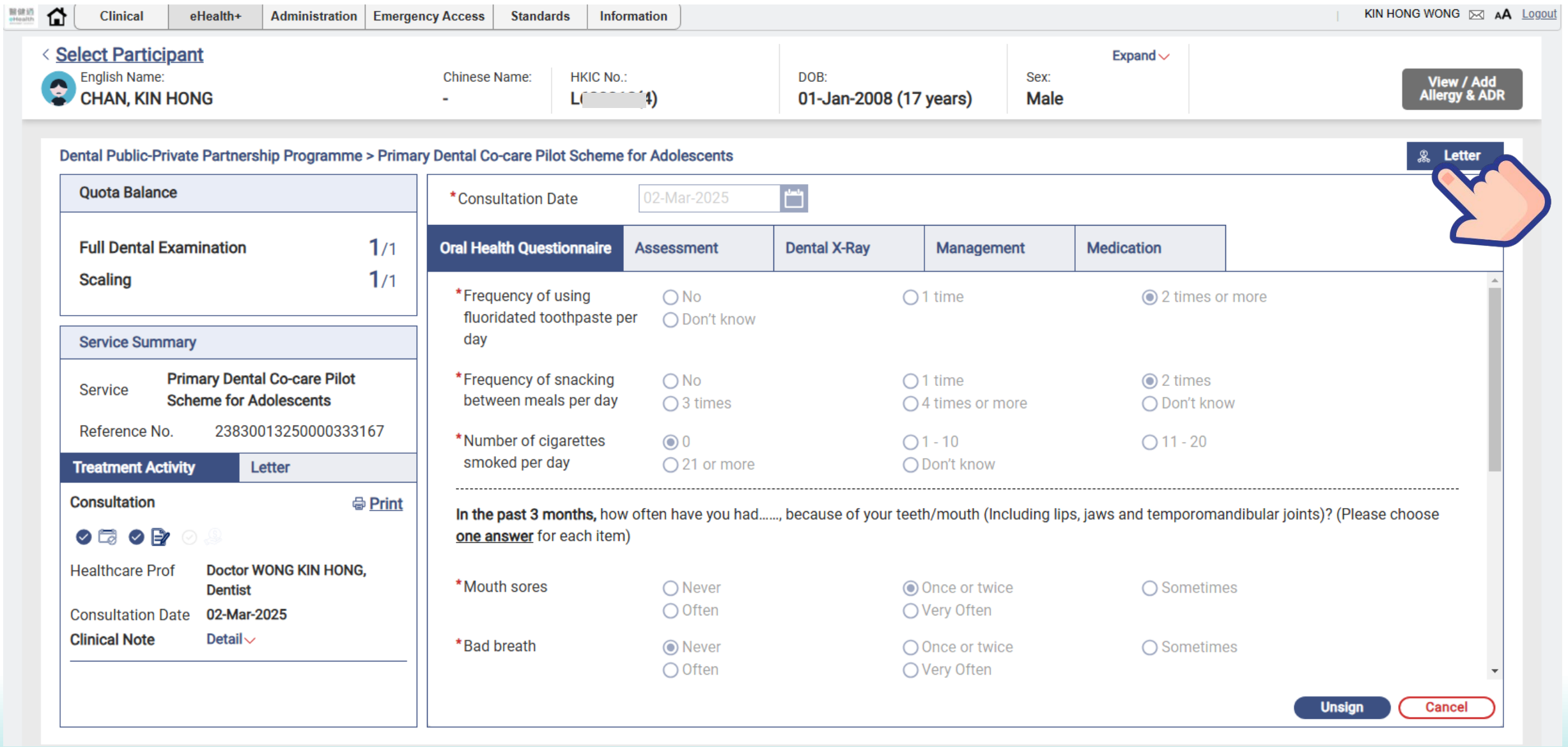
Dental Public-Private Partnership Programme
Primary Dental Co-care Pilot Scheme for Adolescents

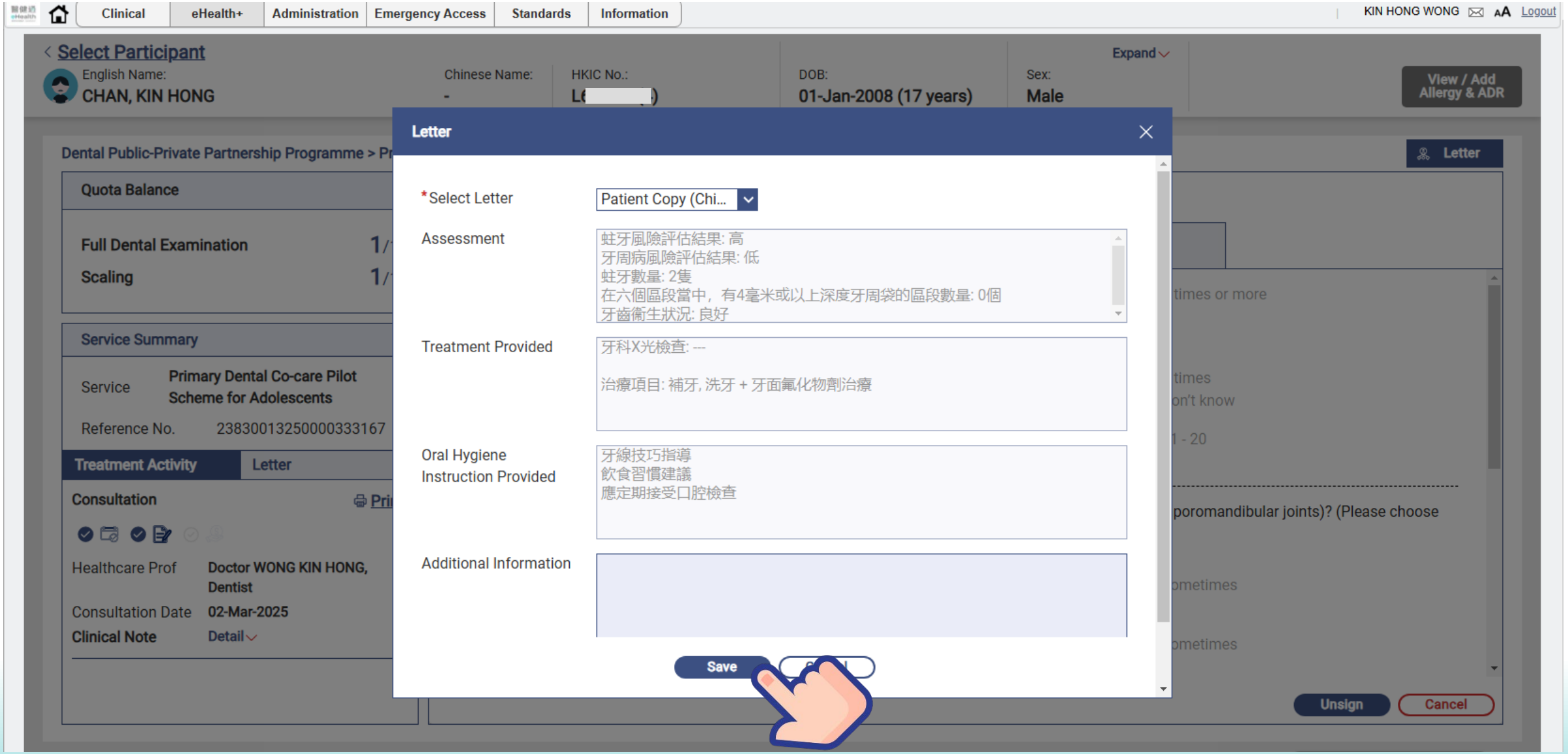
Reference No.: 23830013250000333167

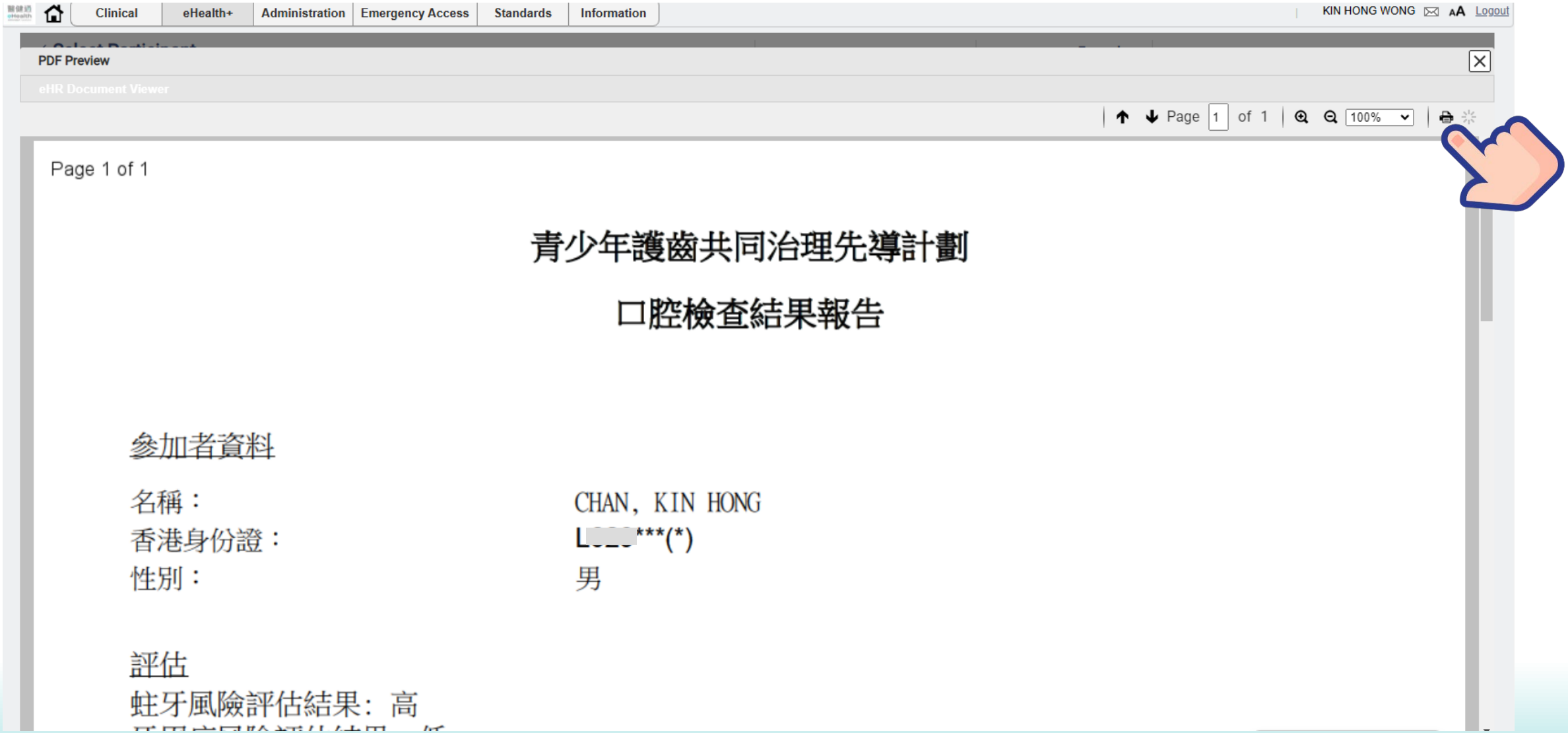
Attendance | Clinical Note

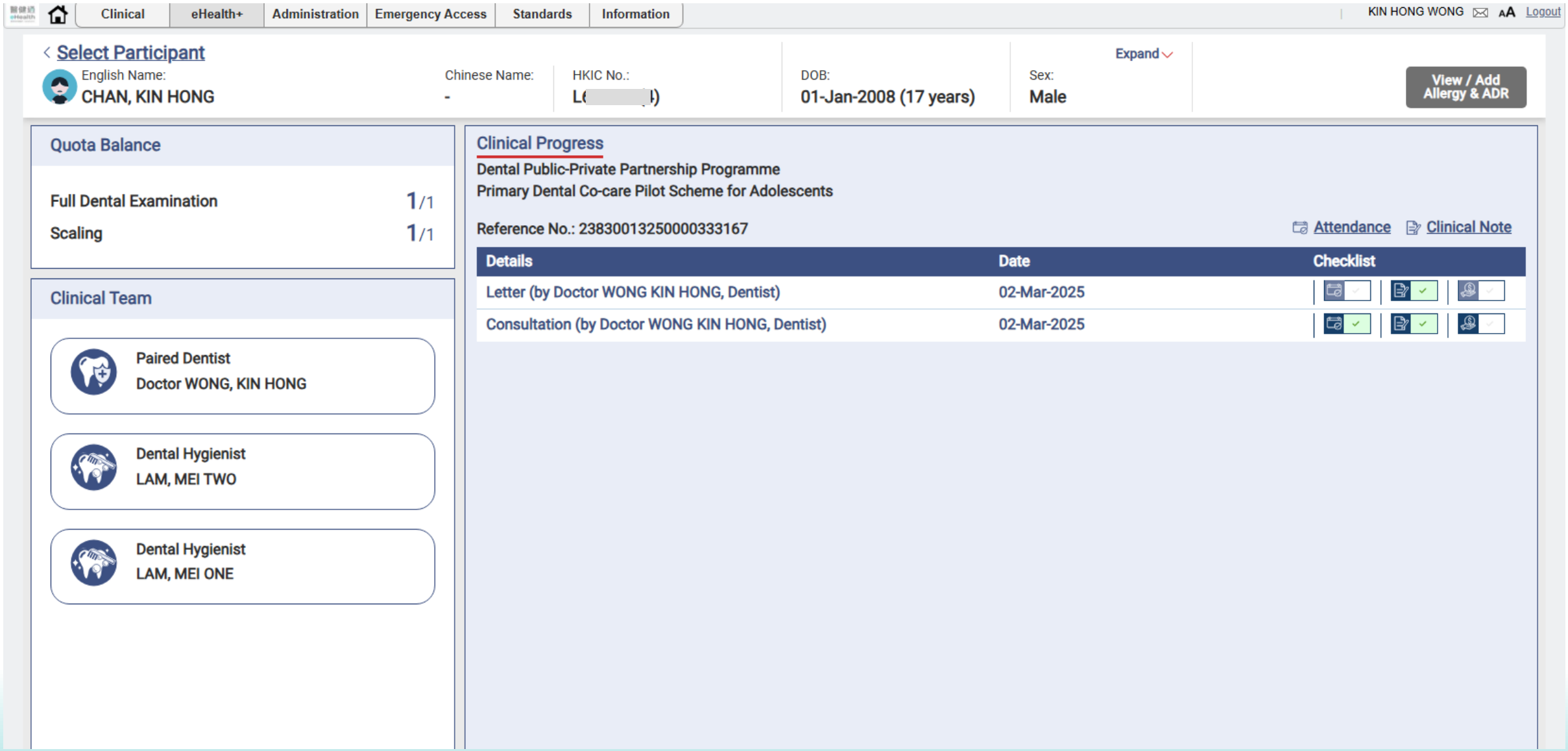
| Details | Date | Checklist |
|---|---|---|
| Consultation (by Doctor WONG KIN HONG, Dentist) | 02-Mar-2025 | |

Generate a patient copy for the participant if needed

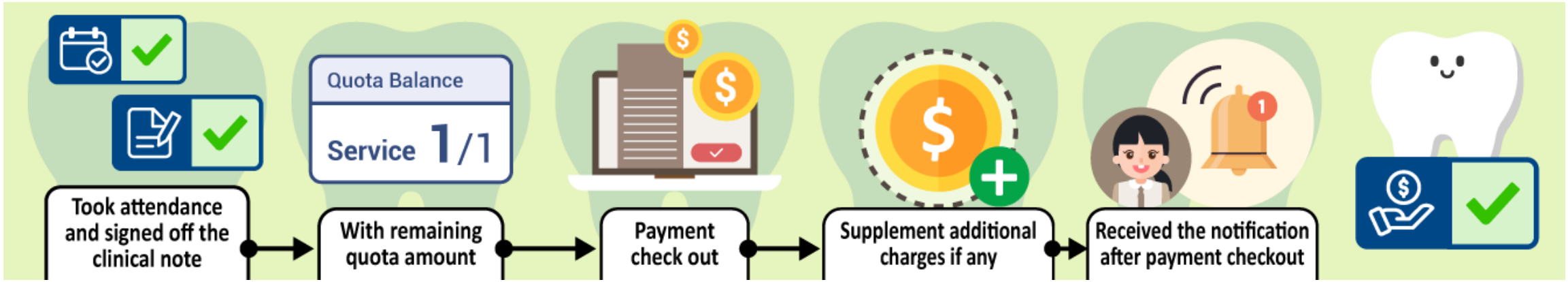

Clinical
eHealth+
Administration
Emergency Access
Standards
Information
KIN HONG WONG
Logout
Select Participant
English Name:
CHAN, KIN HONG
Chinese Name:
-
HKIC No.:
DOB:
01-Jan-2008 (17 years)
Sex:
Male
Expand
View / Add Allergy & ADR
Dental Public-Private Partnership Programme > Primary Dental Co-care Pilot Scheme for Adolescents
Letter
Quota Balance
Full Dental Examination 1/1
Scaling 1/1
Service Summary
Service Primary Dental Co-care Pilot Scheme for Adolescents
Reference No. 23830013250000333167
Treatment Activity
Letter
Consultation
Print
Healthcare Prof Doctor WONG KIN HONG, Dentist
Consultation Date 02-Mar-2025
Clinical Note Detail
*Consultation Date 02-Mar-2025
Oral Health Questionnaire
Assessment
Dental X-Ray
Management
Medication
*Frequency of using fluoridated toothpaste per day
No
1 time
2 times or more
Don't know
*Frequency of snacking between meals per day
No
1 time
2 times
3 times
4 times or more
Don't know
*Number of cigarettes smoked per day
0
1 - 10
11 - 20
21 or more
Don't know
In the past 3 months, how often have you had....., because of your teeth/mouth (Including lips, jaws and temporomandibular joints)? (Please choose one answer for each item)
*Mouth sores
Never
Once or twice
Sometimes
Often
Very Often
*Bad breath
Never
Once or twice
Sometimes
Often
Very Often
Unsign
Cancel

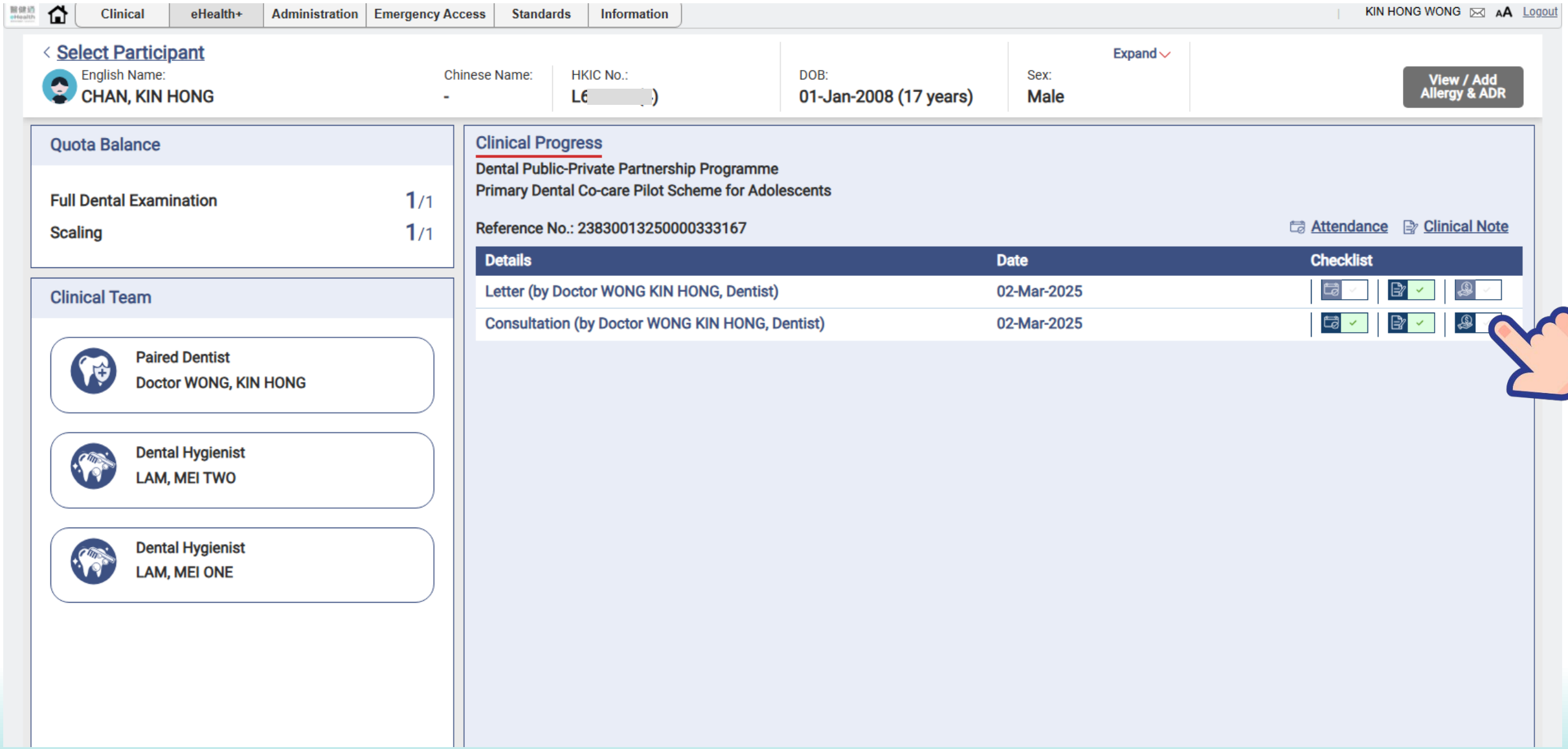

Clinical
eHealth+
Administration
Emergency Access
Standards
Information
KIN HONG WONG
Logout
Select Participant
English Name:
CHAN, KIN HONG
Chinese Name:
-
HKIC No.:
DOB:
01-Jan-2008 (17 years)
Sex:
Male
Expand
View / Add Allergy & ADR
Dental Public-Private Partnership Programme > Pr
Letter
Quota Balance
Full Dental Examination
Scaling
Service Summary
Service
Primary Dental Co-care Pilot Scheme for Adolescents
Reference No.
2383001325000033167
Treatment Activity
Letter
Consultation
Healthcare Prof
Doctor WONG KIN HONG, Dentist
Consultation Date
02-Mar-2025
Clinical Note
Detail
Letter
*Select Letter
Patient Copy (Chi...
Assessment
蛀牙風險評估結果: 高
牙周病風險評估結果: 低
蛀牙數量: 2隻
在六個區段當中，有4毫米或以上深度牙周袋的區段數量: 0個
牙齒衛生狀況: 良好
Treatment Provided
牙科X光檢查: ---
治療項目: 補牙, 洗牙 + 牙面氟化物劑治療
Oral Hygiene Instruction Provided
牙線技巧指導
飲食習慣建議
應定期接受口腔檢查
Additional Information
Save
times or more
times
on't know
1 - 20
poromandibular joints)? (Please choose
ometimes
ometimes
Unsign
Cancel

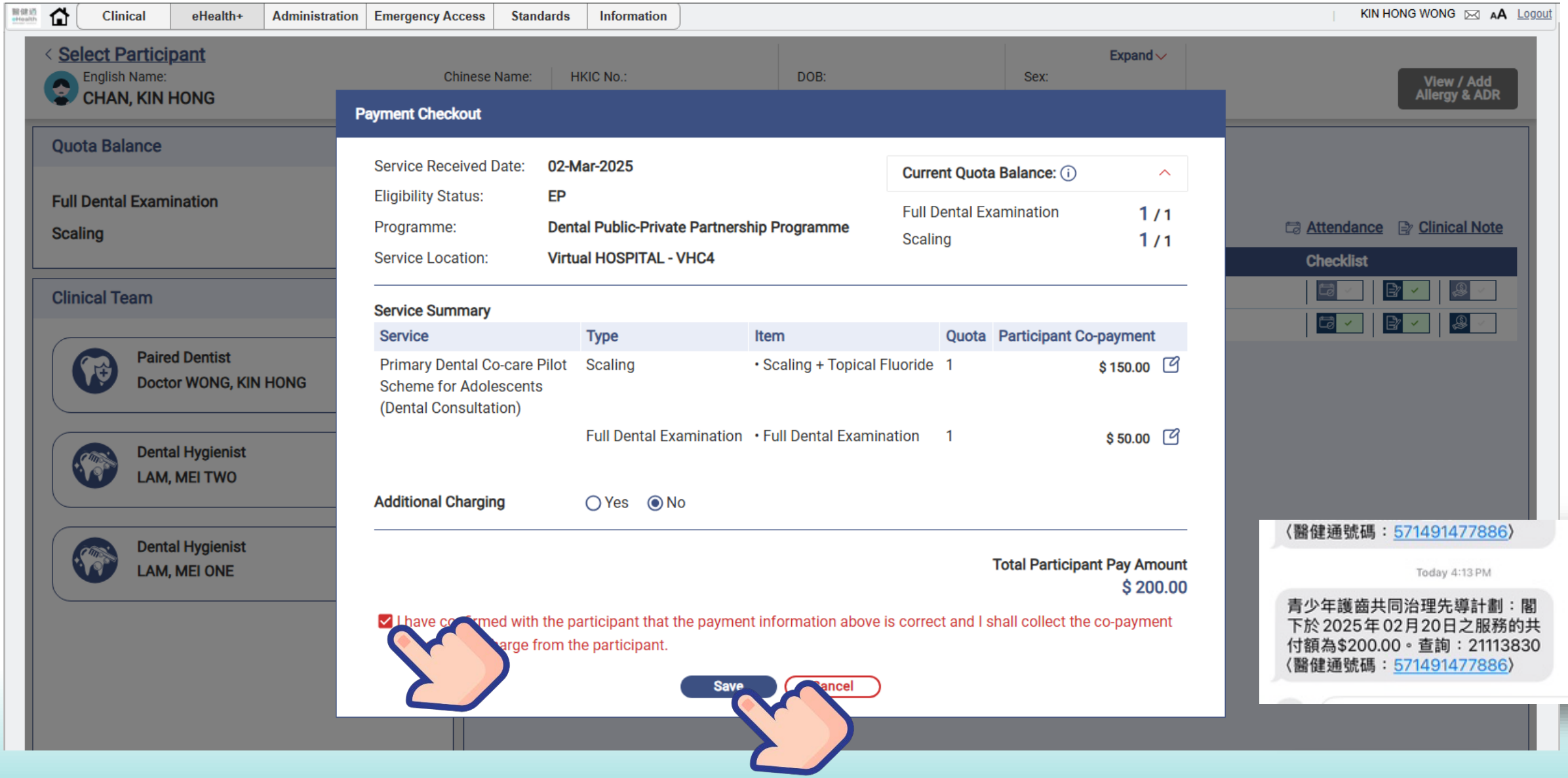

Clinical
eHealth+
Administration
Emergency Access
Standards
Information
KIN HONG WONG
Logout
PDF Preview
eHR Document Viewer
Page 1 of 1
100%
Page 1 of 1
青少年護齒共同治理先導計劃
口腔檢查結果報告
參加者資料
名稱：
CHAN, KIN HONG
香港身份證：
***(*)
性別：
男
評估
蛀牙風險評估結果：高


Clinical
eHealth+
Administration
Emergency Access
Standards
Information
KIN HONG WONG
Logout
Select Participant
English Name:
CHAN, KIN HONG
Chinese Name:
-
HKIC No.:
DOB:
01-Jan-2008 (17 years)
Sex:
Male
Expand
View / Add Allergy & ADR
Quota Balance
Full Dental Examination 1/1
Scaling 1/1
Clinical Team
Paired Dentist
Doctor WONG, KIN HONG
Dental Hygienist
LAM, MEI TWO
Dental Hygienist
LAM, MEI ONE
Clinical Progress
Dental Public-Private Partnership Programme
Primary Dental Co-care Pilot Scheme for Adolescents
Reference No.: 23830013250000333167
Attendance
Clinical Note
Details
Date
Checklist
Letter (by Doctor WONG KIN HONG, Dentist)
02-Mar-2025
Consultation (by Doctor WONG KIN HONG, Dentist)
02-Mar-2025

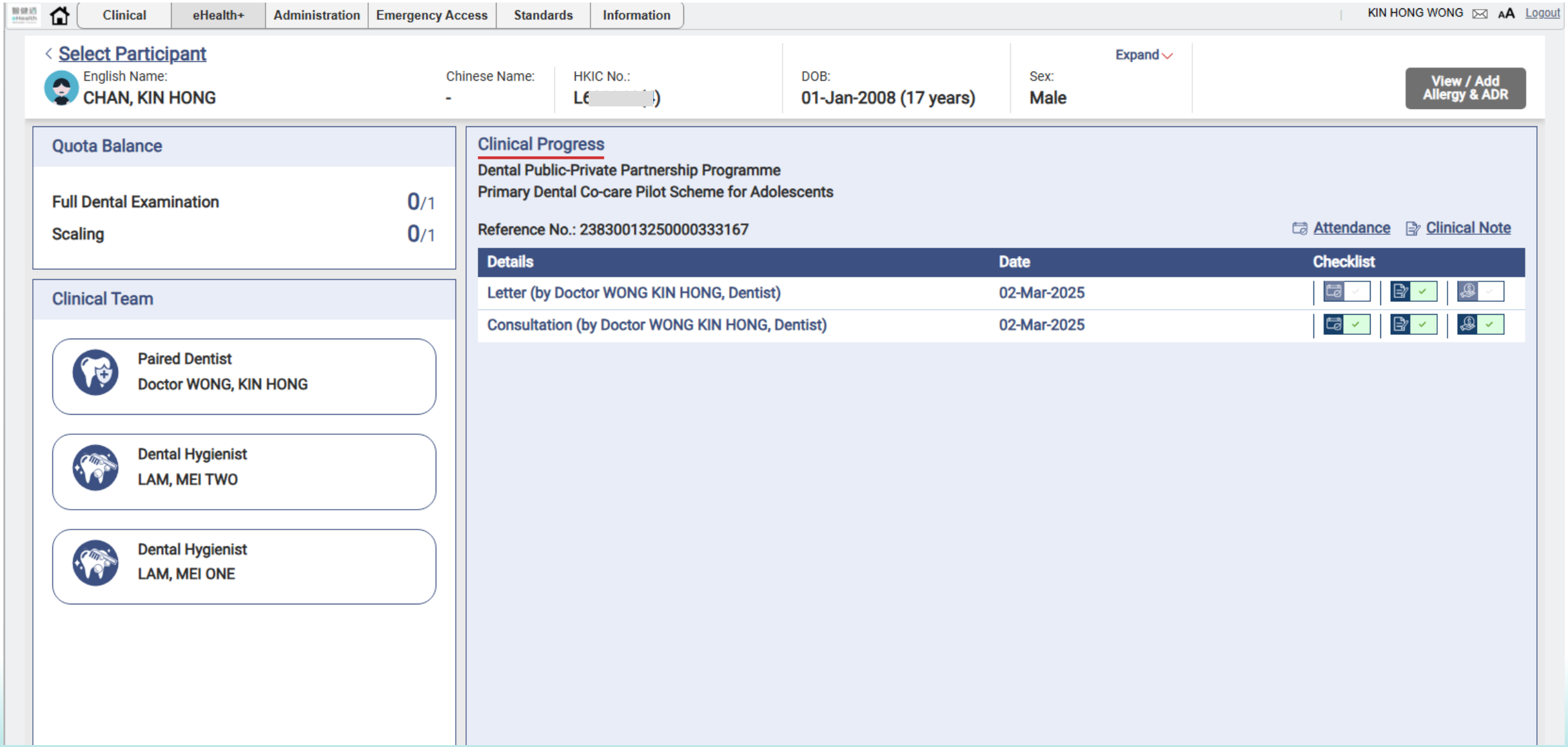
Register Attendance | Clinical Documentation | Payment Checkout




Clinical
eHealth+
Administration
Emergency Access
Standards
Information
KIN HONG WONG
Logout
Select Participant
English Name:
CHAN, KIN HONG
Chinese Name:
-
HKIC No.:
DOB:
01-Jan-2008 (17 years)
Sex:
Male
Expand
View / Add Allergy & ADR
Quota Balance
Full Dental Examination 1/1
Scaling 1/1
Clinical Team
Paired Dentist
Doctor WONG, KIN HONG
Dental Hygienist
LAM, MEI TWO
Dental Hygienist
LAM, MEI ONE
Clinical Progress
Dental Public-Private Partnership Programme
Primary Dental Co-care Pilot Scheme for Adolescents
Reference No.: 23830013250000333167
Attendance
Clinical Note
Details
Date
Checklist
Letter (by Doctor WONG KIN HONG, Dentist)
02-Mar-2025
Consultation (by Doctor WONG KIN HONG, Dentist)
02-Mar-2025

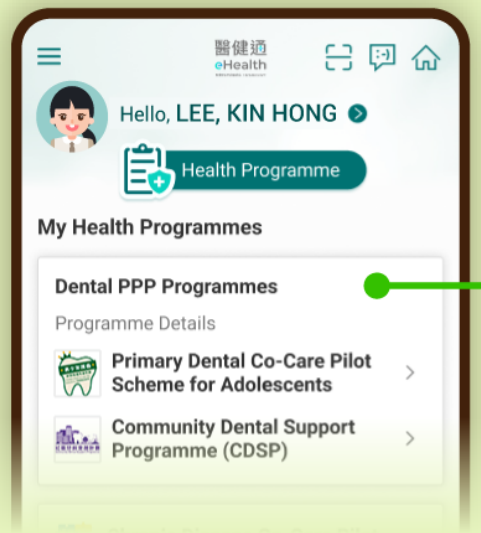

Clinical
eHealth+
Administration
Emergency Access
Standards
Information
KIN HONG WONG
Logout
Select Participant
English Name:
CHAN, KIN HONG
Chinese Name:
HKIC No.:
DOB:
Sex:
Expand
View / Add Allergy & ADR
Quota Balance
Full Dental Examination
Scaling
Clinical Team
Paired Dentist
Doctor WONG, KIN HONG
Dental Hygienist
LAM, MEI TWO
Dental Hygienist
LAM, MEI ONE
Attendance
Clinical Note
Checklist
Payment Checkout
Service Received Date: 02-Mar-2025
Eligibility Status: EP
Programme: Dental Public-Private Partnership Programme
Service Location: Virtual HOSPITAL - VHC4
Current Quota Balance:
Full Dental Examination 1 / 1
Scaling 1 / 1
Service Summary
Service
Type
Item
Quota
Participant Co-payment
Primary Dental Co-care Pilot Scheme for Adolescents (Dental Consultation)
Scaling
• Scaling + Topical Fluoride
1
$ 150.00
Full Dental Examination
• Full Dental Examination
1
$ 50.00
Additional Charging
Yes
No
Total Participant Pay Amount
$ 200.00
I have confirmed with the participant that the payment information above is correct and I shall collect the co-payment charge from the participant.
Save
Cancel
〈醫健通號碼：571491477886〉
Today 4:13 PM
青少年護齒共同治理先導計劃：閣下於 2025年02月20日之服務的共付額為$200.00。查詢：21113830
〈醫健通號碼：571491477886〉

Register Attendance | Clinical Documentation | Payment Checkout



# Programme Card

## Programme Card Entrance




After the **participant enrolment in PDCC**, the participant can view his/her programme card in eHealth App.

Participant Enrolment

Checked Attendance

Signed Off Documentation

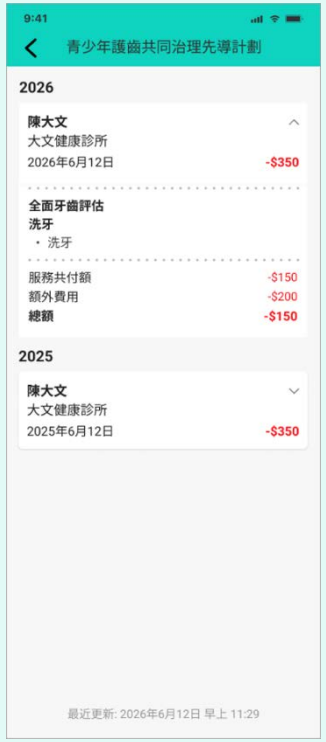
Payment Checkout

## Programme Page

Once **the payment checkout is completed**, the participant can view the transaction history.

# Dental PPP in eHealth App

## Mar 2025


**Programme Card**

Transaction history for Dental PPP programmes

## June 2025

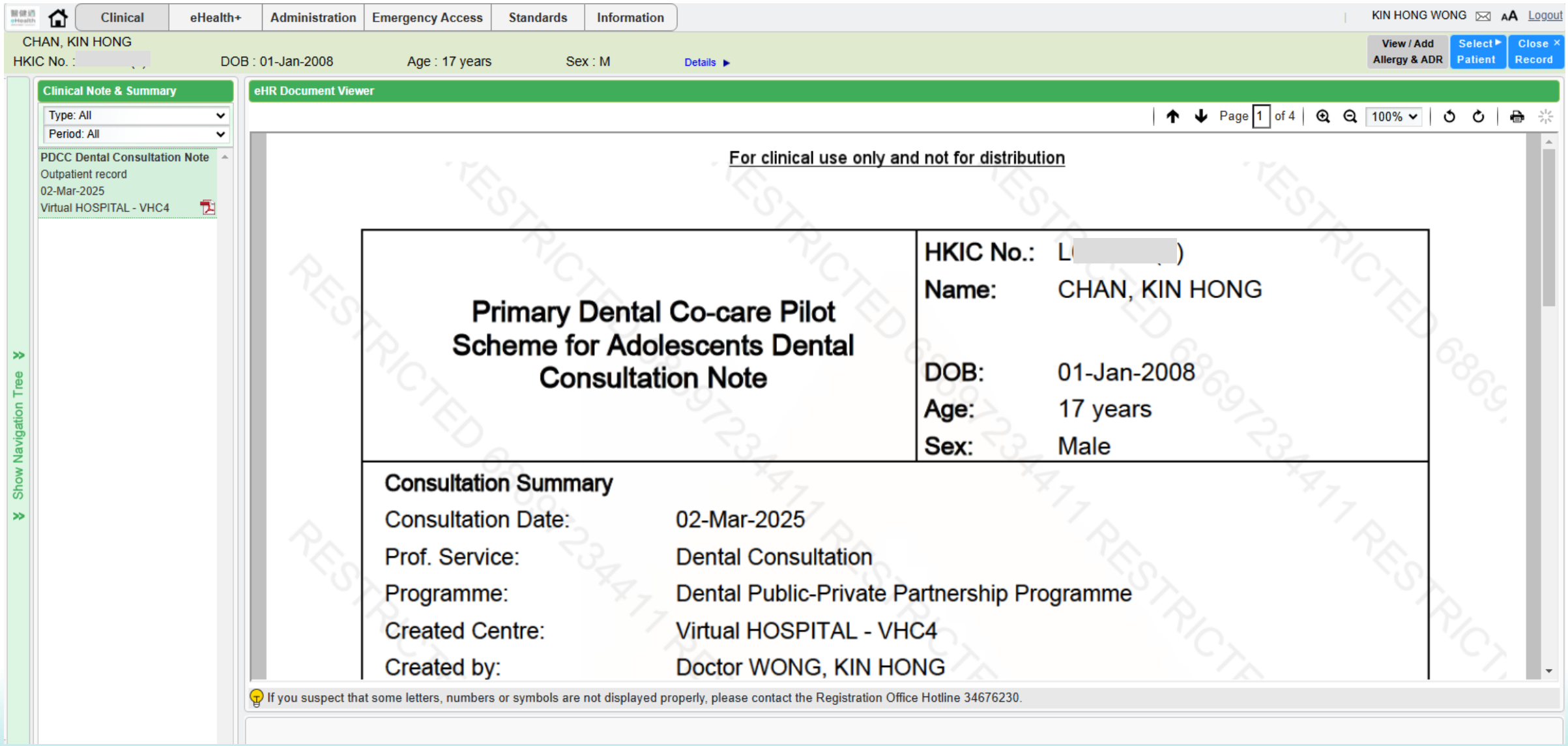

**Dental Conditions**

Dental conditions will available in eHealth app for participants in the Dental PPP programmes

**Programme Card**

Records of dental assessments and oral hygiene instructions from the Dental PPP programmes will be shared with participants.

# eHR Viewer


Clinical
eHealth+
Administration
Emergency Access
Standards
Information
KIN HONG WONG
Logout
CHAN, KIN HONG
HKIC No. :
DOB : 01-Jan-2008
Age : 17 years
Sex : M
Details
View / Add Allergy & ADR
Select Patient
Close Record
Clinical Note & Summary
Type: All
Period: All
PDCC Dental Consultation Note
Outpatient record
02-Mar-2025
Virtual HOSPITAL - VHC4
eHR Document Viewer
Page 1 of 4
100%
Show Navigation Tree
For clinical use only and not for distribution
Primary Dental Co-care Pilot Scheme for Adolescents Dental Consultation Note
HKIC No.:
Name: CHAN, KIN HONG
DOB: 01-Jan-2008
Age: 17 years
Sex: Male
Consultation Summary
Consultation Date: 02-Mar-2025
Prof. Service: Dental Consultation
Programme: Dental Public-Private Partnership Programme
Created Centre: Virtual HOSPITAL - VHC4
Created by: Doctor WONG, KIN HONG
If you suspect that some letters, numbers or symbols are not displayed properly, please contact the Registration Office Hotline 34676230.

陳大文 CHAN, TAI MAN
HKIC No. : [redacted] DOB : 01-Jan-1942 Age : 75 years Sex : M Details ▶

Allergy & ADR | Select Patient | Close Record

醫健通 eHealth | All | Local | Non-Local | Help

- Clinical Note & Summary
  - Clinical Note & Summary
- Encounter / Appointment
- Problem & Procedure
  - Problem / Diagnosis
  - Procedure
  - Investigation Report
- Medication
  - Prescribing History
  - Dispensing History
- Laboratory Record
  - Chemical Pathology
  - Haematology
  - Microbiology & Virology
  - Anatomical Pathology
- Radiology Record
  - General Radiology
  - Ultrasonography
  - Computed Tomography
  - Angiographic / Vascular IR
- Immunisation Record

## Problem / Diagnosis

Details

| Date | Description |
|---|---|
| 18-Nov-2010 | Atrial fibrillation |
| 09-Nov-2010 | Gastrointestinal bleeding |
| 17-Apr-2009 | Acute coronary syndrome |
| 09-May-2008 | Ischaemic heart disease |
| 09-May-2008 | Peptic ulcer |
| 01-May-2008 | Myocardial infarction |

## Laboratory Record

Details

| Date | Description | Institution |
|---|---|---|
| 19-Apr-2017 | CBC, MACH | PWH |
| 19-Apr-2017 | PT, INR & APTT | PWH |
| 06-Jan-2017 | SC1 | PWH |
| 27-Dec-2016 | Bone Profile, LFT, RFT | PWH |
| 27-Dec-2016 | CBCU, MACH | PWH |
| 27-Dec-2016 | SC1 | PWH |
| 07-Oct-2016 | BPR, LFT, RFT | PWH |
| 07-Oct-2016 | CBCU, MACH | PWH |
| 07-Oct-2016 | SC1 | PWH |
| 19-Aug-2016 | OBI | PWH |

>>More

## Encounter / Appointment

Details

| Start Date | Specialty | Institution |
|---|---|---|
| 19-Apr-2017 10:30 | Cardiology | PWH |
| 29-Sep-2017 13:00 | Haematology & haematological oncology | PWH |
| 28-Aug-2016 15:30 | Cardiology | PWH |
| 22-Jul-2016 15:04 | Radiology | PWH |
| 24-Jun-2016 10:30 | Haematology & haematological oncology | PWH |
| 29-May-2016 14:30 | Cardiology | PWH |
| 09-Jan-2016 14:30 | Cardiology | PWH |
| 06-Jan-2016 13:00 | Cardiology | PWH |
| 31-Dec-2015 10:30 | Haematology & haematological oncology | PWH |
| 10-Oct-2015 15:00 | Cardiology | PWH |

>>More

## Allergy & Adverse Drug Reaction

Details

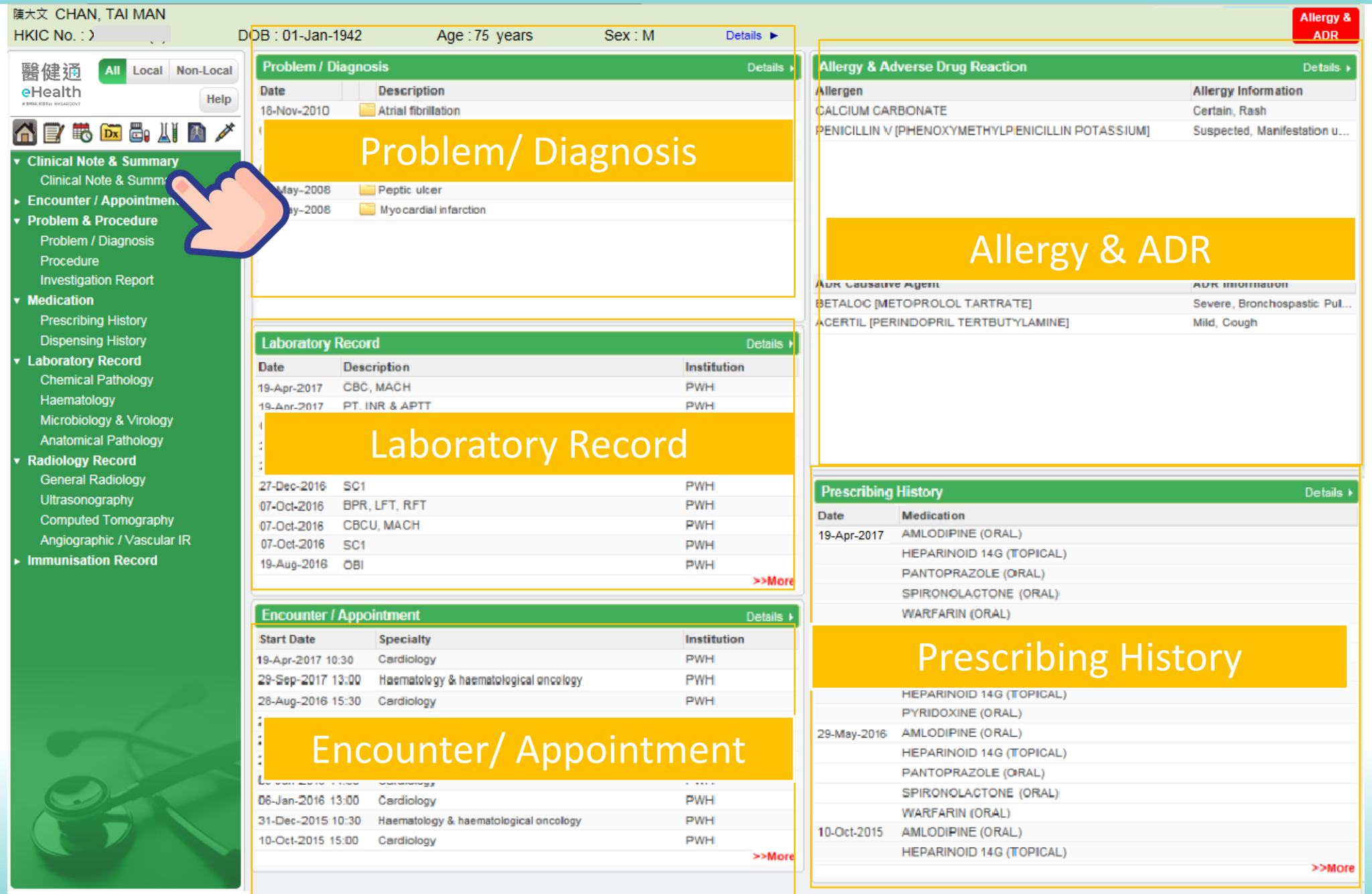
| Allergen | Allergy Information |
|---|---|
| CALCIUM CARBONATE | Certain, Rash |
| PENICILLIN V [PHENOXYMETHYLPENICILLIN POTASSIUM] | Suspected, Manifestat |

| ADR Causative Agent | ADR Information |
|---|---|
| BETALOC [METOPROLOL TARTRATE] | Severe, Bronchospas |
| ACERTIL [PERINDOPRIL TERTBUTYLAMINE] | Mild, Cough |

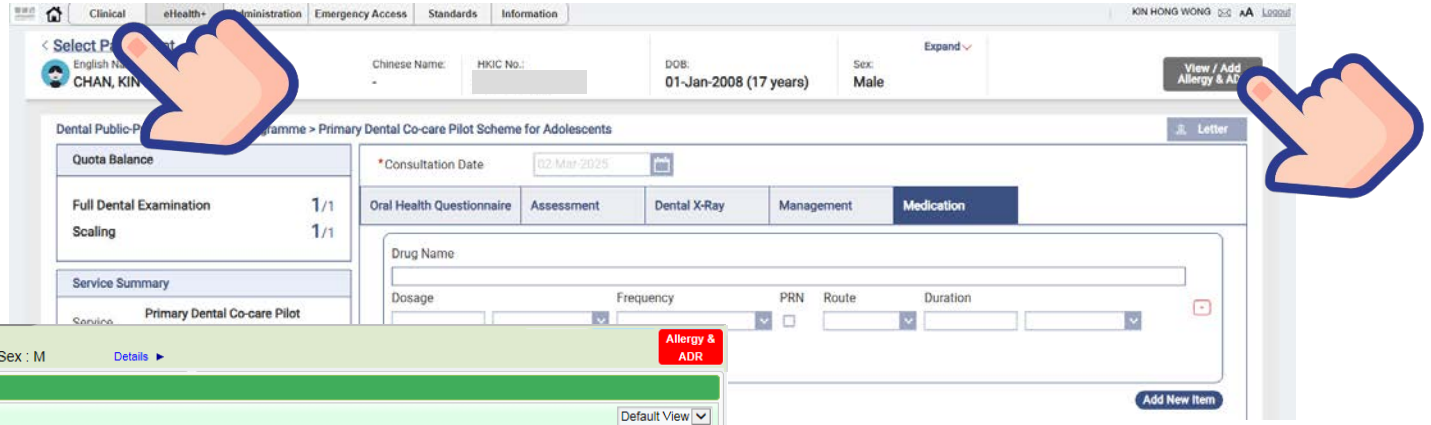
## Prescribing History

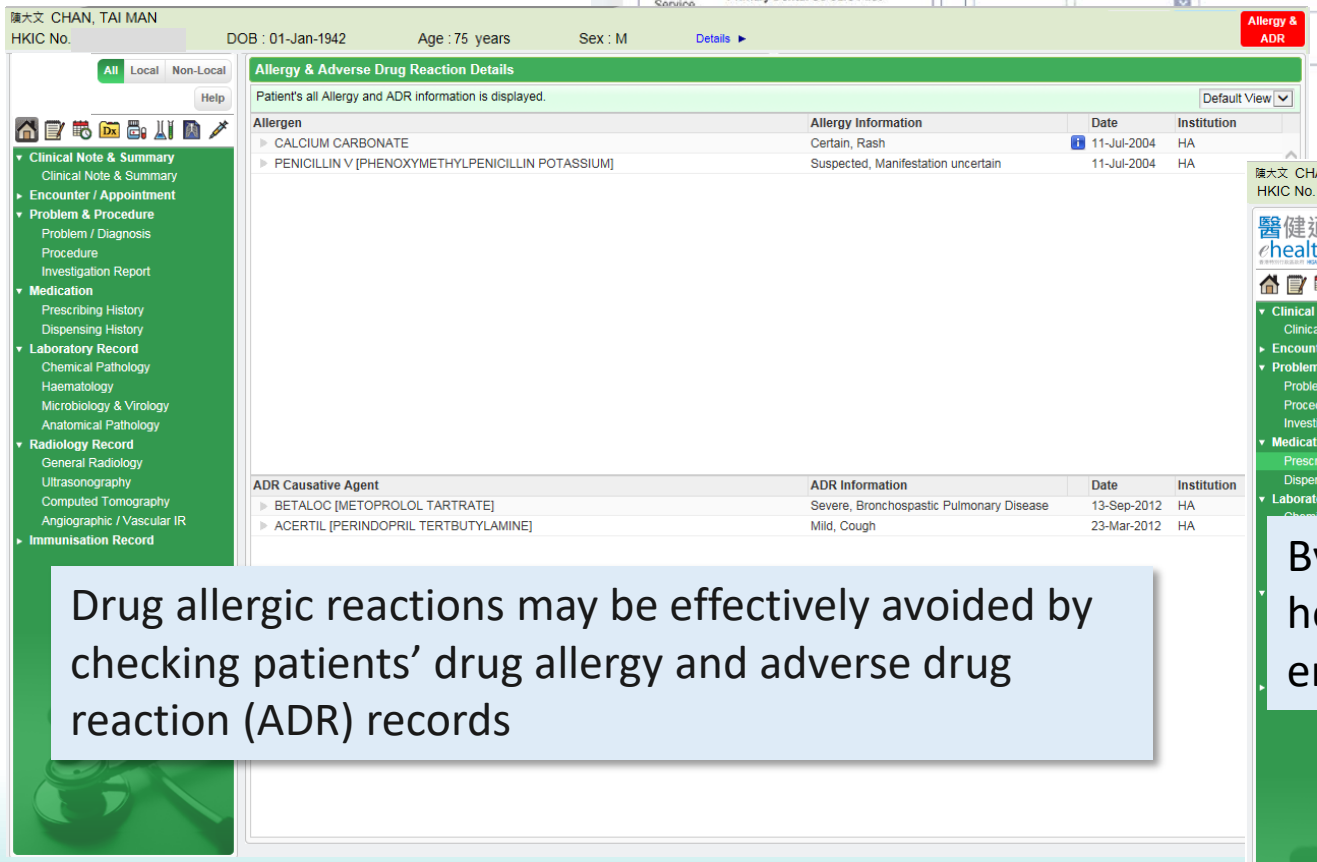
| Date | Medication |
|---|---|
| 19-Apr-2017 | AMLODIPINE (ORAL) |
| | HEPARINOID 14G (TOPICAL) |
| | PANTOPRAZOLE (ORAL) |
| | SPIRONOLACTONE (ORAL) |
| | WARFARIN (ORAL) |
| 29-Sep-2017 | FOLIC ACID 5MG (ORAL) |
| | PYRIDOXINE (ORAL) |
| 24-Jun-2016 | FOLIC ACID 5MG (ORAL) |
| | HEPARINOID 14G (TOPICAL) |
| | PYRIDOXINE (ORAL) |
| 29-May-2016 | AMLODIPINE (ORAL) |
| | HEPARINOID 14G (TOPICAL) |
| | PANTOPRAZOLE (ORAL) |
| | SPIRONOLACTONE (ORAL) |
| | WARFARIN (ORAL) |
| 10-Oct-2015 | AMLODIPINE (ORAL) |
| | HEPARINOID 14G (TOPICAL) |

# Clinical Records in eHR Viewer

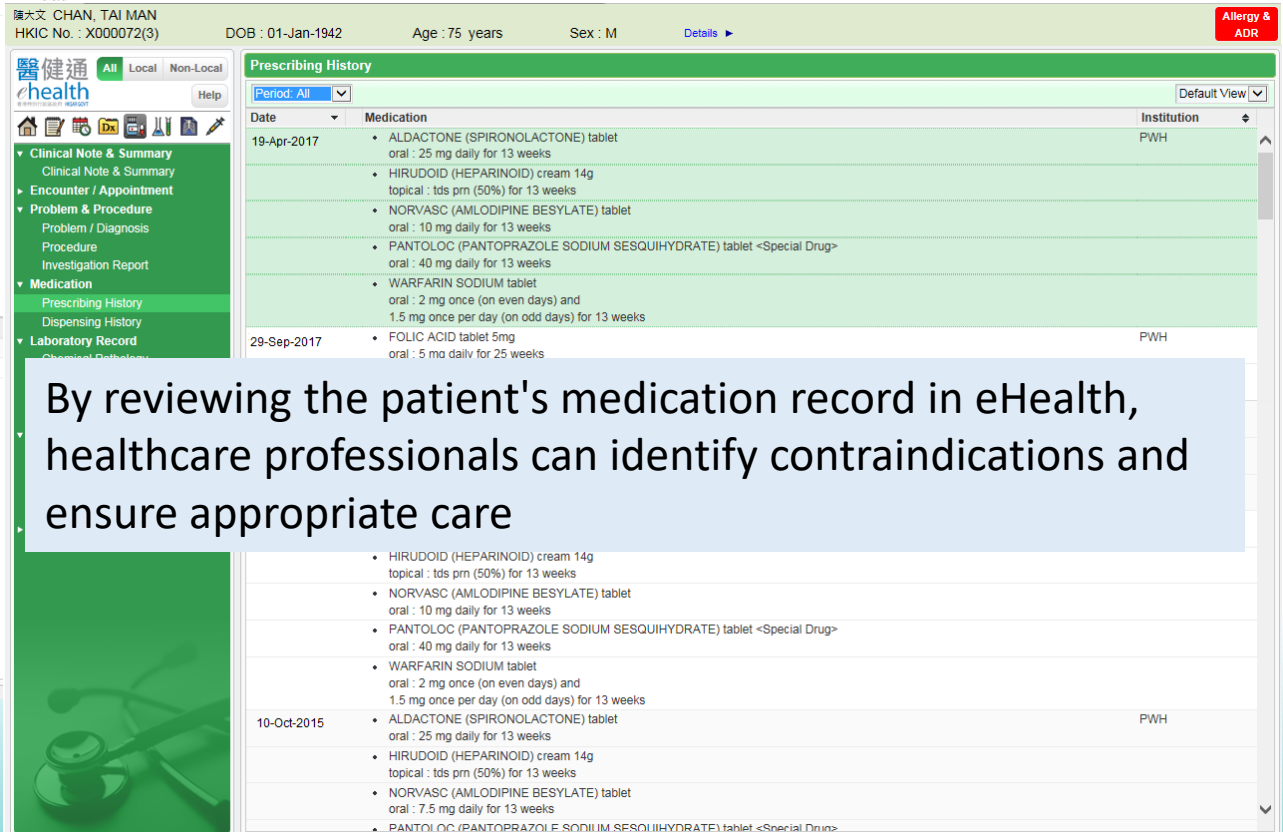


# Allergy & ADR /Prescribing record



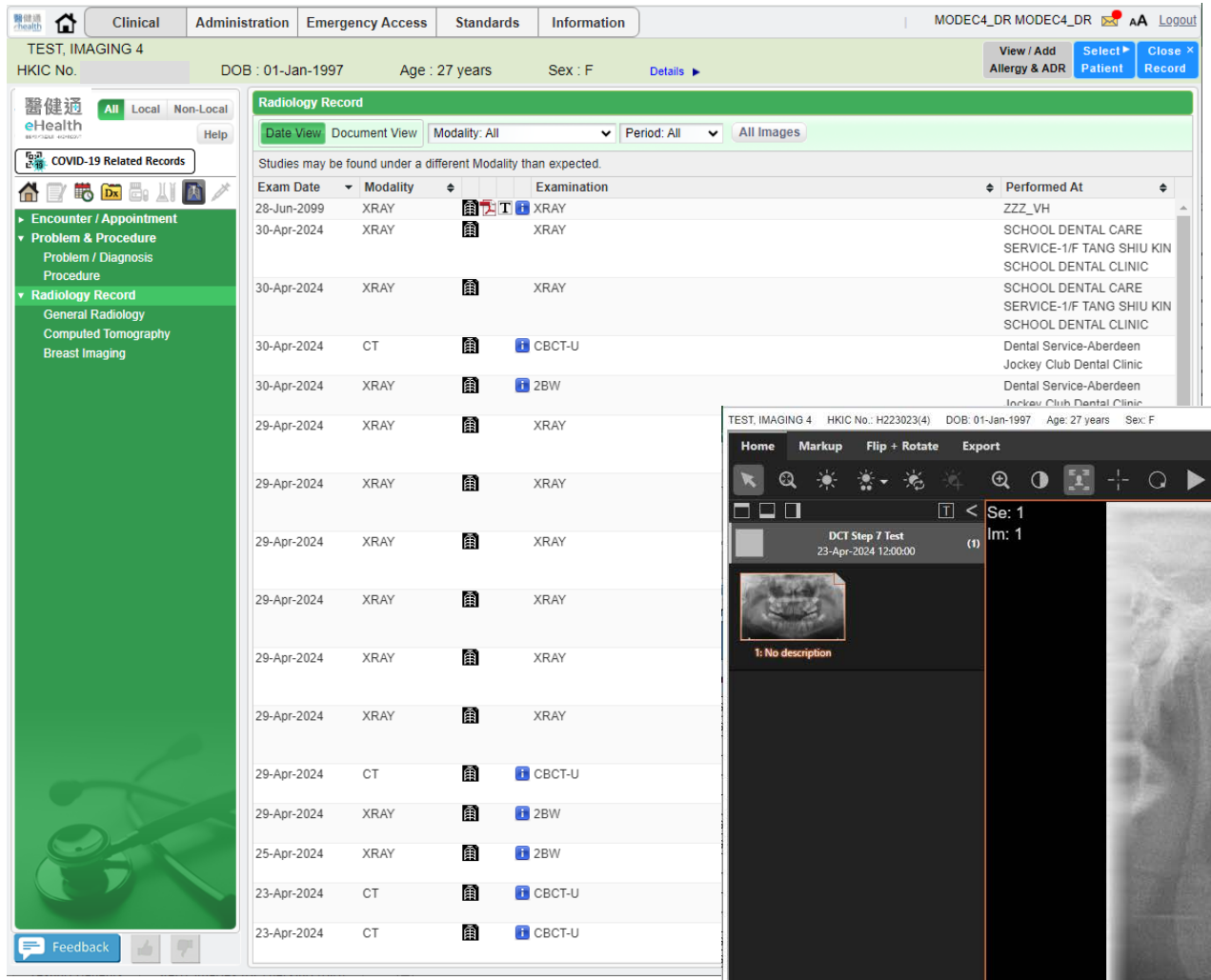



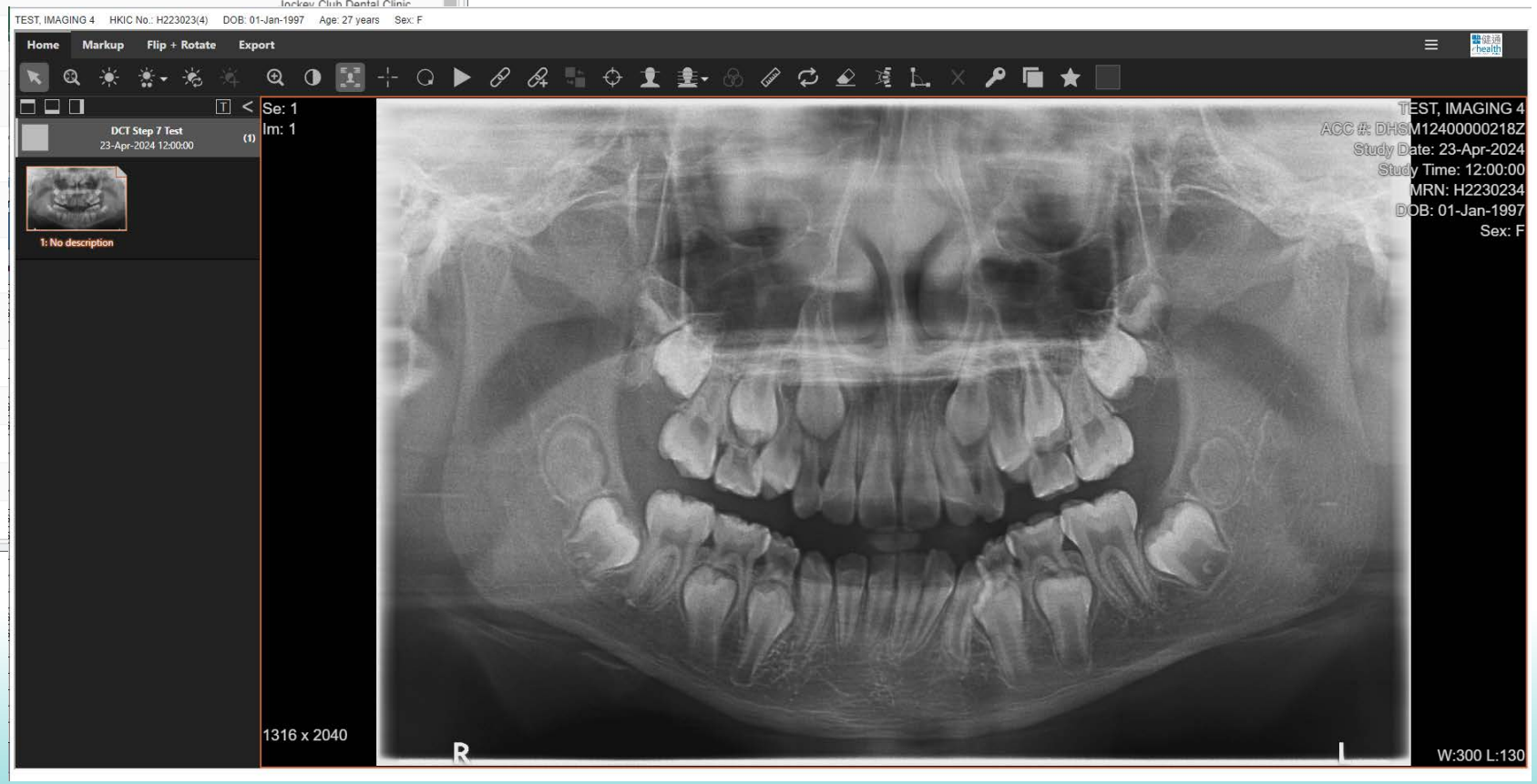

Drug allergic reactions may be effectively avoided by checking patients' drug allergy and adverse drug reaction (ADR) records



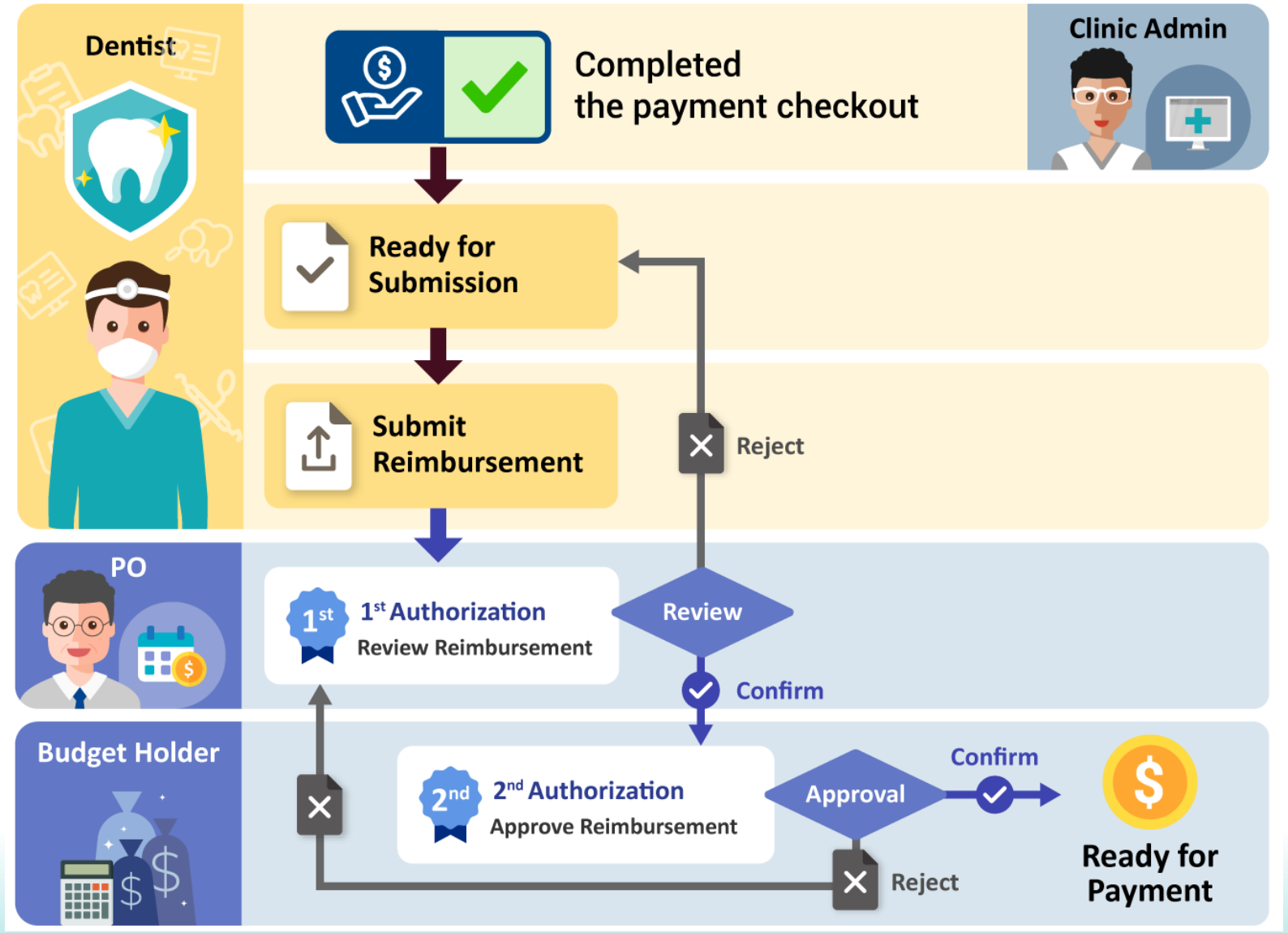

By reviewing the patient's medication record in eHealth, healthcare professionals can identify contraindications and ensure appropriate care

# Dental Records Sharing in eHR



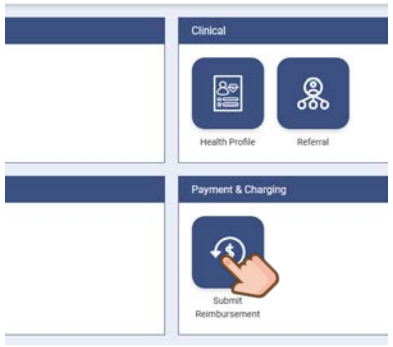



# Reimbursement

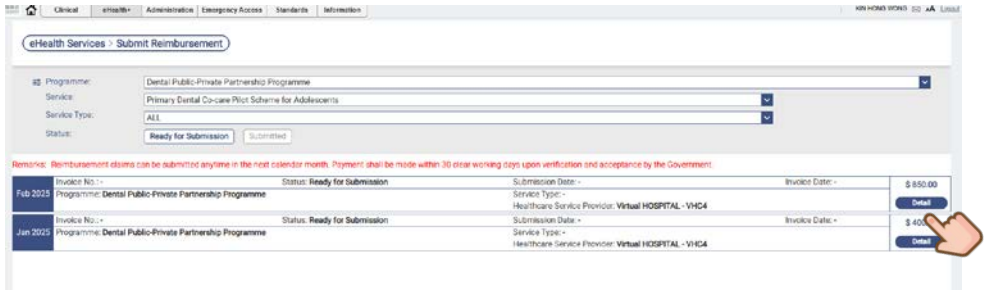


# Submit Reimbursement

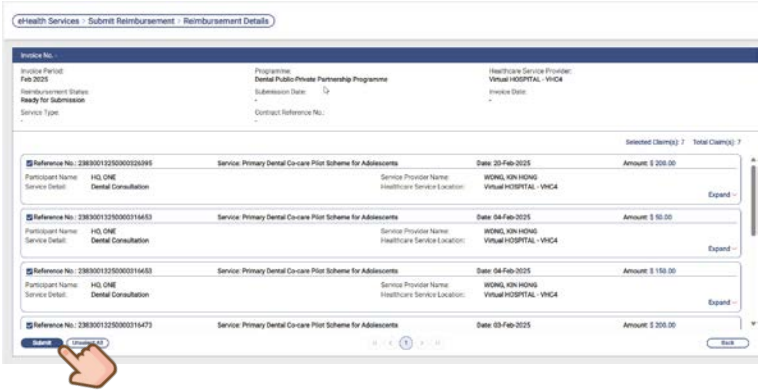
1 Select
“Submit Reimbursement”



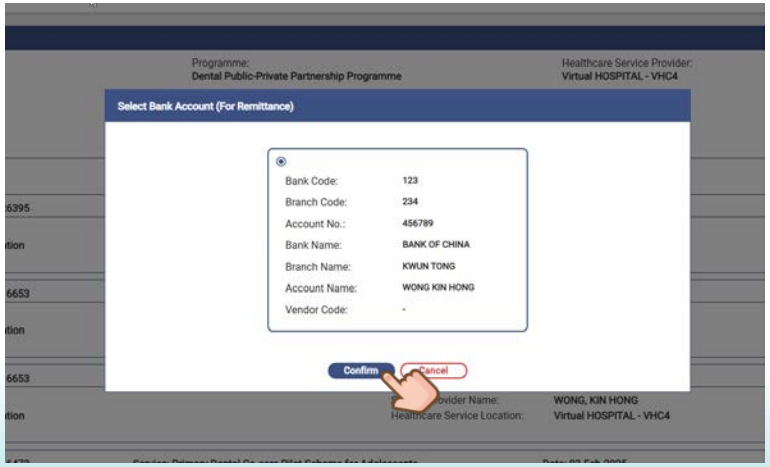

2 Click “Details of Transaction”



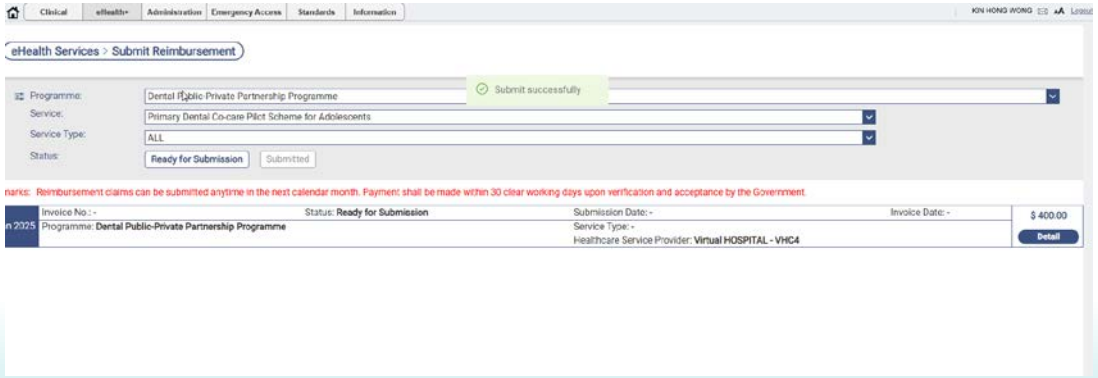

3 Review the details and select the items for reimbursement submission.




4 Select bank account




5 Reimbursement has been submitted and is pending review and approval.



# Upcoming…

1. Training sessions to PDCC IT platform
2. User manual
3. Training video

# Thank You

醫健通
eHealth
香港特別行政區政府 HKSARGOVT