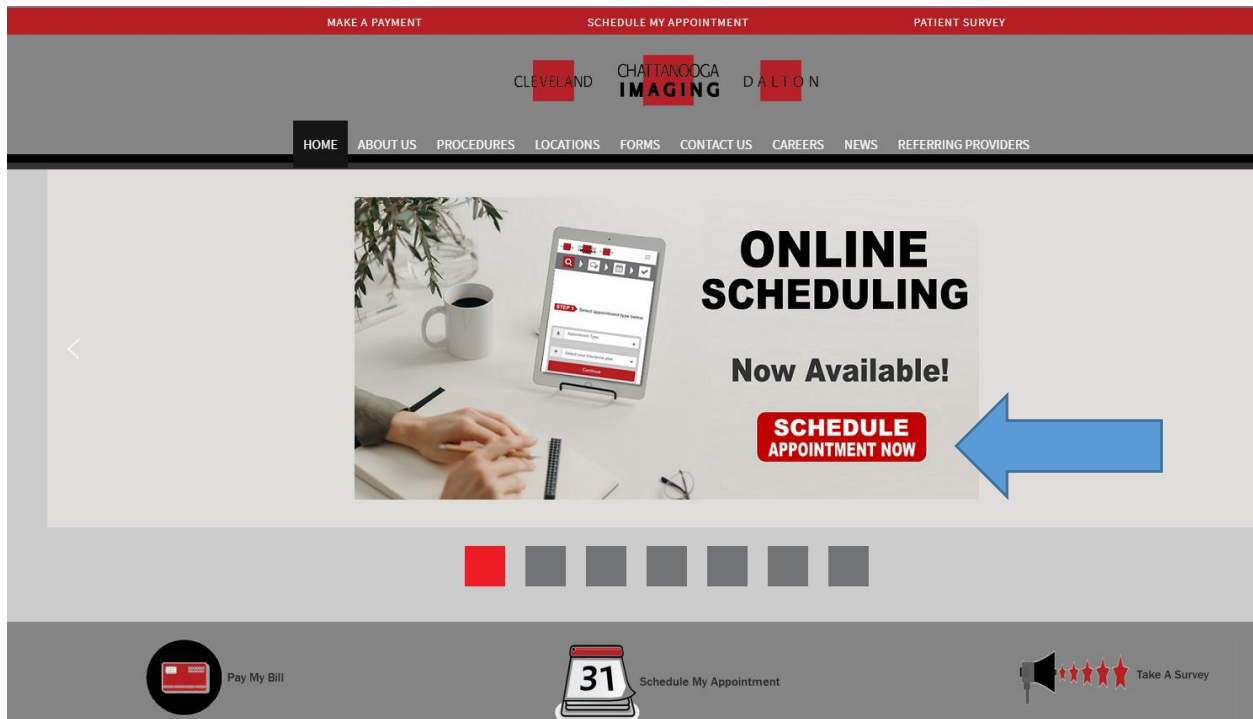
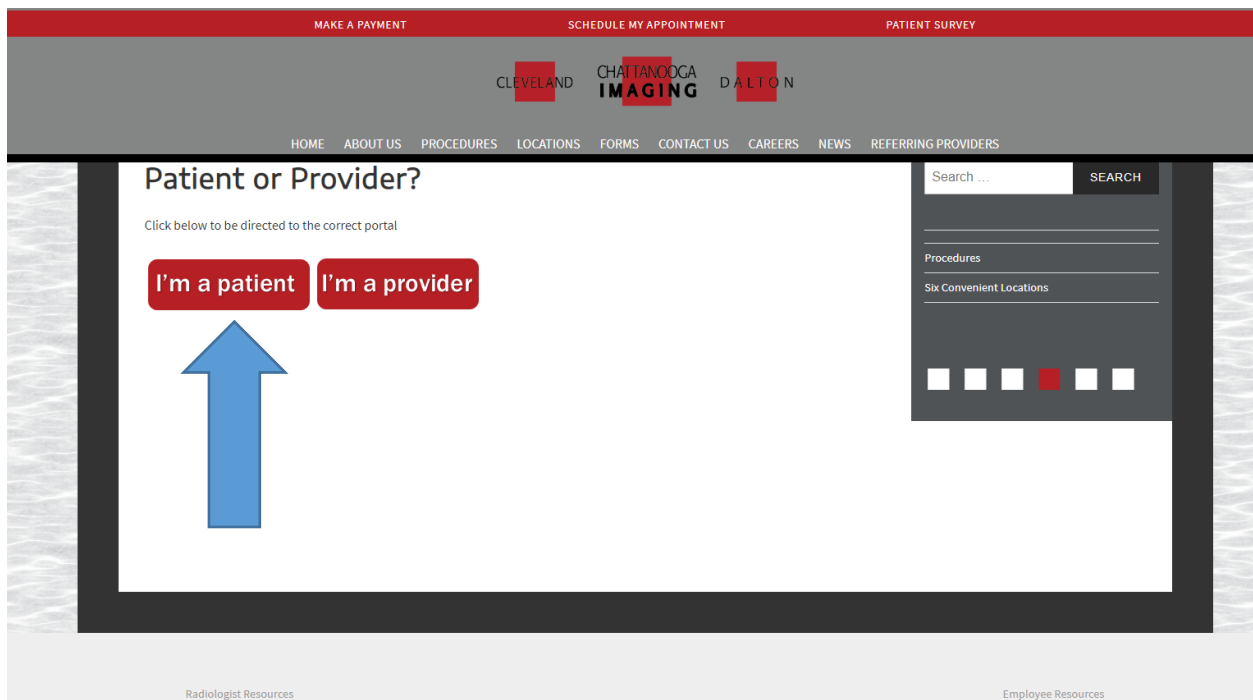


To begin, select “Schedule Appointment Now”




Select “I’m a patient”



If you are a new patient or new user, complete the requested info under “Sign Up” to continue (First name, Last name, DOB, Mobile Number)

***If you are a returning user, please skip ahead to page 5.***



Appointment Dashboard ?

### Log In

**Access your appointment dashboard**  
*Note: The account for this site is different than the patient portal.*

**E-mail**

**Password**

[Forgot password?](#)

**Log In**

OR

### Sign Up

**Create an appointment dashboard account**  
*If you have been to our practice before, the information below will be used to look up your existing information for your appointment.*

**First Name**

**Last Name**

**Date of Birth (MM/DD/YYYY)**

**Mobile Number**

**Continue**

Example

Appointment Dashboard ?

### Log In

**Access your appointment dashboard**  
*Note: The account for this site is different than the patient portal.*

**E-mail**

**Password**

[Forgot password?](#)

**Log In**

OR

### Sign Up

**Create an appointment dashboard account**  
*If you have been to our practice before, the information below will be used to look up your existing information for your appointment.*

**First Name**

**Last Name**

**Date of Birth (MM/DD/YYYY)**

**Mobile Number**

**Continue**

Select "Create an account"

**Unable to locate your information in the system**

For patients who have been to or have scheduled an appointment at Chattanooga Imaging, click retry to review your information and try again to be matched with our system's information.

New patients click "Create an account" to create a new patient profile.

Retry

Create an account

Call 423-553-1234 to obtain your patient information associated to your appointment.

Enter the requested information and select "Submit"

**It looks like you are new to our system.**

Please complete the information below or [click here](#) to try again.

(\* indicates required field )

* Patient Name	John	Middle Name	Doe
* Date of Birth	01/01/1980	* Gender	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
* SSN (Last 4 Digits)	9876		9876
* Address	1 Patient Care Blvd		
	Address 2		
	Chattanooga	Tennessee	37421-****
* Email	example@example.com		example@example.com
* Password	*****		*****
* Phone Number	423-553-1234		

\* How do you want your code delivered? Msg and data rates may apply. By submitting you are agreeing to our [Terms and Conditions](#) and [Privacy Policy](#).

☒ Text message ☐ Voice call

☒ \* By checking this box and supplying your mobile number you agree to receive SMS notifications about your appointment. Message frequency varies per user. Reply STOP to cancel, HELP for help. Msg & data rates may apply. See [Terms and Conditions](#) for more information.


☒ \* I have read and accept openDoctors 247 Inc. [Terms of Service](#)

Submit

You will then receive a “User Authentication” code by either text or voice call. Enter that number and select “Submit”

## User Authentication

Enter the activation code sent via SMS/text to your phone number

 825641

Send a new authentication code

Submit

***Once completed, skip ahead to page 7.***

Enter your email address and password to login

Appointment Dashboard ?

Log In

Access your appointment dashboard

Note: The account for this site is different than the patient portal.

E-mail

example@example.com

Password

.....

[Forgot password?](#)

Log In

OR

Sign Up

Create an appointment dashboard account

If you have been to our practice before, the information below will be used to look up your existing information for your appointment.

First Name

Enter first name

Last Name

Enter last name (eg. Smith)

Date of Birth (MM/DD/YYYY)

MM/DD/YYYY

Mobile Number

000-000-0000

Continue

If you have forgotten your password, select “Forgot password?”

Appointment Dashboard ?

Log In

Access your appointment dashboard

Note: The account for this site is different than the patient portal.

E-mail

example@example.com

Password

.....

[Forgot password?](#)

Log In

OR

Sign Up

Create an appointment dashboard account

If you have been to our practice before, the information below will be used to look up your existing information for your appointment.

First Name

Enter first name

Last Name

Enter last name (eg. Smith)

Date of Birth (MM/DD/YYYY)

MM/DD/YYYY


Mobile Number

000-000-0000


Continue

Enter your name and email address and hit “Submit”. You will be emailed instructions to change your password and to re-login.

### Forgot Password

 John

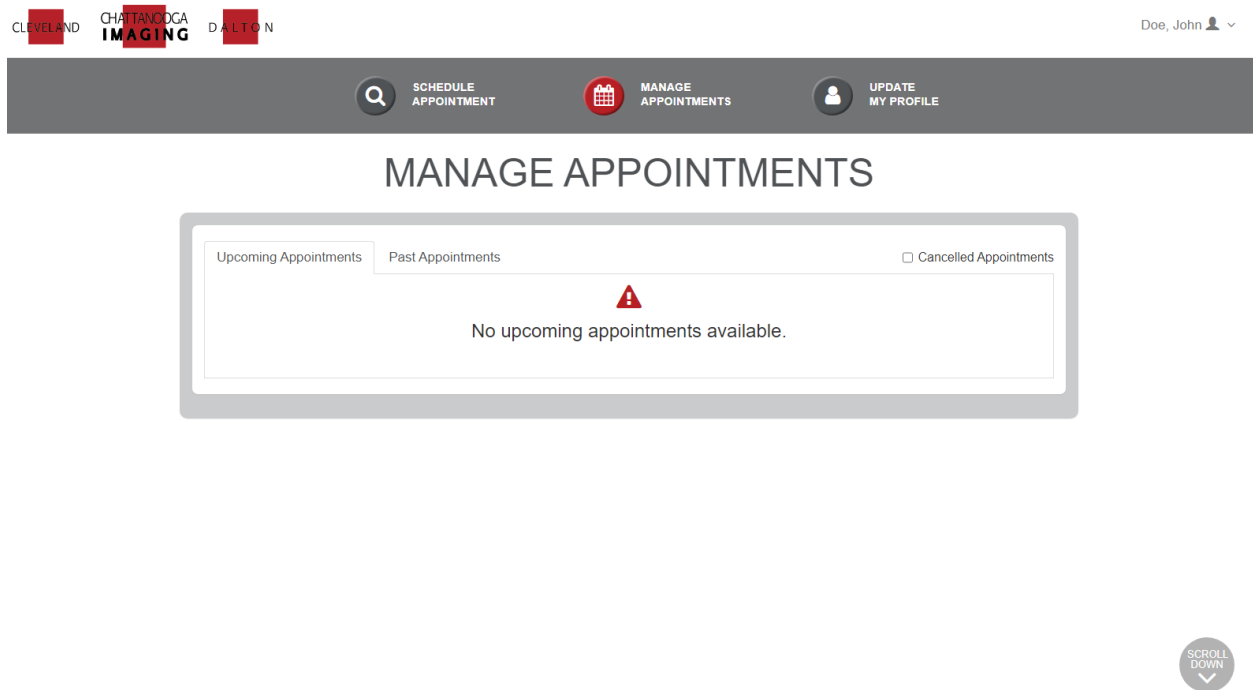
Doe

 example@example.com

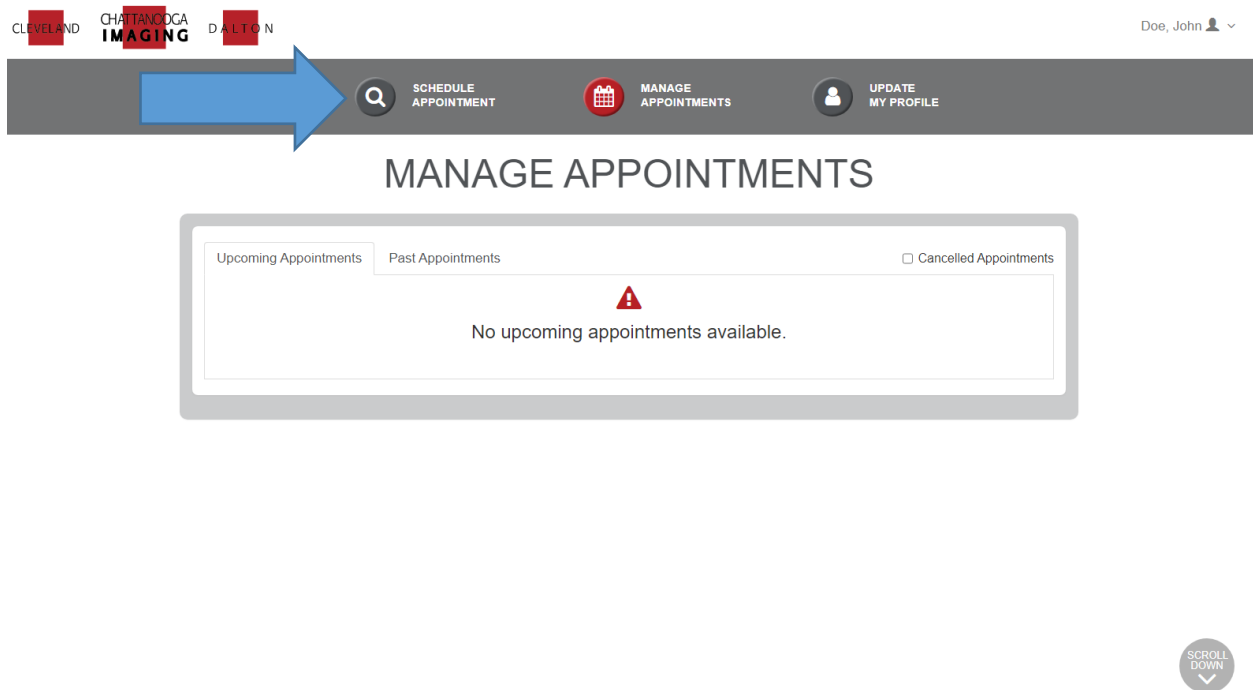
If you are a new user? [Enroll Now](#)

Submit

Once you login, you will arrive at the “Manage Appointments” page.



Select “Schedule Appointment” to make a new appointment



## This will bring you to the Appointment Type Selection Page

CLEVELANDCHATTANOOGAIMAGINGDALTON

Doe, John

SELECT APPOINTMENT

APPOINTMENT QUESTIONS

CHOOSE TIME & LOCATION

DONE!

STEP 1

Select appointment type below.

Appointment Type

I have insuranceI don't have insurance

Continue

Chattanooga, Cleveland and Dalton Imaging will be following The Center for Disease Control and the Tennessee Department of Health guidelines regarding the Coronavirus.

All patients will be **REQUIRED** to wear a mask at all times. The mask must be worn above the nose and pinched at the bridge of the nose.

If you do not properly wear your mask, you will be unable to be seen in our facility.

As always, proper washing of your hands is the first, and still the best preventative measure against contamination or spread of viruses. If you have any questions, please call (423) 553-1234.

Thank you for your cooperation.

To schedule your appointment you will need...

- ✓ Your Insurance Card
- ✓ Prescription / Order
- ✓ Name of your referring physician
- ✓ A contact email address or cell phone number

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## Select the type of procedure you need. (Exp. CT, Mammogram, MRI, Ultrasound, etc)

CLEVELANDCHATTANOOGAIMAGINGDALTON

Doe, John

SELECT APPOINTMENT

DONE!

Modality

EEG

Echocardiography

Electrocardiogram

Fluoroscopy

MRA

MRI

Mammogram

Nuclear Medicine

PET/CT

Ultrasound

X-Ray

Appointment Type

I have insuranceI don't have insurance

Continue

Chattanooga, Cleveland and Dalton Imaging will be following The Center for Disease Control and the Tennessee Department of Health guidelines regarding the Coronavirus.

All patients will be **REQUIRED** to wear a mask at all times. The mask must be worn above the nose and pinched at the bridge of the nose.

If you do not properly wear your mask, you will be unable to be seen in our facility.

As always, proper washing of your hands is the first, and still the best preventative measure against contamination or spread of viruses. If you have any questions, please call (423) 553-1234.

Thank you for your cooperation.

To schedule your appointment you will need...



Then select the body part (if applicable)

The screenshot shows the top of a web application for Cleveland, Chattanooga, and Dalton Imaging. A user named 'Doe, John' is logged in. A 'SELECT APPOINTMENT' button is visible. A dropdown menu is open, showing a list of body parts: Abdomen, Abdomen & Pelvis, Artery, Breast, Carotid, Extremity, Head, Infant, Kidney, Lower Extremity, Neck, and Pelvic. Below the dropdown, there are buttons for 'I have insurance' and 'I don't have insurance', and a red 'Continue' button. A text box below the 'Continue' button contains information about COVID-19 guidelines and a 'To schedule your appointment you will need...' section.

CLEVELAND CHATTANOOGA IMAGING DALTON

SELECT APPOINTMENT

Body Part

- Abdomen
- Abdomen & Pelvis
- Artery
- Breast
- Carotid
- Extremity
- Head
- Infant
- Kidney
- Lower Extremity
- Neck
- Pelvic

I have insurance I don't have insurance

Continue

Chattanooga, Cleveland and Dalton Imaging will be following The Center for Disease Control and the Tennessee Department of Health guidelines regarding the Coronavirus.

All patients will be **REQUIRED** to wear a mask at all times. The mask must be worn above the nose and pinched at the bridge of the nose.

If you do not properly wear your mask, you will be unable to be seen in our facility.

As always, proper washing of your hands is the first, and still the best preventative measure against contamination or spread of viruses. If you have any questions, please call (423) 553-1234.

Thank you for your cooperation.

To schedule your appointment you will need...

Make your insurance selection and if using insurance, enter the insurance company and select the correct claims address from the options that appear.

The screenshot shows the top of the web application with the user 'Doe, John' logged in. A navigation bar contains buttons for 'SELECT APPOINTMENT', 'APPOINTMENT QUESTIONS', 'CHOOSE TIME & LOCATION', and 'DONE!'. The 'SELECT APPOINTMENT' button is highlighted.

CLEVELAND CHATTANOOGA IMAGING DALTON

SELECT APPOINTMENT APPOINTMENT QUESTIONS CHOOSE TIME & LOCATION DONE!

**STEP 1** Select appointment type below.

The screenshot shows a form for selecting an appointment type. A dropdown menu is open, showing 'Ultrasound: Abdomen'. Below the dropdown, there are buttons for 'I have insurance' and 'I don't have insurance'. A text box below the buttons contains information about COVID-19 guidelines and a 'To schedule your appointment you will need...' section.

✓ Ultrasound: Abdomen

+ Need more tests?

I have insurance I don't have insurance

Please select the insurance plan that matches the address on the back of your insurance card.

BCBS

BCBS TENNESSEE  
PO BOX 180150, CHATTANOOGA, TN, 37401

Continue

Chattanooga, Cleveland and Dalton Imaging will be following The Center for Disease Control and the Tennessee Department of Health guidelines regarding the Coronavirus.

All patients will be **REQUIRED** to wear a mask at all times. The mask must be worn above the nose and pinched at the bridge of the nose.

If you do not properly wear your mask, you will be unable to be seen in our facility.

As always, proper washing of your hands is the first, and still the best preventative measure against contamination or spread of viruses. If you have any questions, please call (423) 553-1234.

Thank you for your cooperation.

To schedule your appointment you will need...

- ✓ Your Insurance Card
- ✓ Prescription / Order
- ✓ Name of your referring physician

Or select “Insurance not on list/Matching address not found”

CLEVELAND CHATTANOOGA  
IMAGING DALTON

Doe, John



SELECT  
APPOINTMENT



APPOINTMENT  
QUESTIONS



CHOOSE TIME  
& LOCATION



DONE!

**STEP 1** Select appointment type below.

✓ Ultrasound: Abdomen

+ Need more tests?

I have insurance I don't have insurance

Please select the insurance plan that matches the address on the back of your insurance card.

INSURANCE NOT ON LIST

☒ Insurance not on list / Matching address not found

Continue

Chattanooga, Cleveland and Dalton Imaging will be following The Center for Disease Control and the Tennessee Department of Health guidelines regarding the Coronavirus.

All patients will be **REQUIRED** to wear a mask at all times. The mask must be worn above the nose and pinched at the bridge of the nose.

If you do not properly wear your mask, you will be unable to be seen in our facility.

As always, proper washing of your hands is the first, and still the best preventative measure against contamination or spread of viruses. If you have any questions, please call (423) 553-1234.

Thank you for your cooperation.

To schedule your appointment you will need...

- ✓ Your Insurance Card
- ✓ Prescription / Order
- ✓ Name of your referring physician

Complete the pre-scheduling questionnaire.

**\*\*Please note that each scan's questionnaire may vary, so complete accordingly\*\***

CLEVELANDCHATTANOOGA  
IMAGINGDALTON

Doe, John

SELECT APPOINTMENT

APPOINTMENT QUESTIONS

CHOOSE TIME & LOCATION

DONE!

**STEP 2** Please answer the questions below. This will allow us to offer you the best times and locations tailored to your needs.

1. What is your weight?

lbs

2. Any prior imaging?

Yes

No

3. Does your script specify this Ultrasound is for Abdominal Aortic Aneurysm?

Yes

No

Back

Continue

If you answered yes, regarding "Prior Imaging", please add the facility where that scan was performed

CLEVELANDCHATTANOOGA  
IMAGINGDALTON

Doe, John

SELECT APPOINTMENT

APPOINTMENT QUESTIONS

CHOOSE TIME & LOCATION

DONE!

**STEP 2** Please answer the questions below. This will allow us to offer you the best times and locations tailored to your needs.

1. What is your weight?

lbs

2. Any prior imaging?

Yes

No

3. Please list location of prior imaging:

4. Does your script specify this Ultrasound is for Abdominal Aortic Aneurysm?

Yes

No

Back

Continue

It's now time to choose your location, date and time for the exam. You can scroll down to see availability for all centers, and also select the calendar to view additional dates/times.

CLEVELAND

CHATTANOOGA  
IMAGING

DALTON

Doe, John

SELECT APPOINTMENT

APPOINTMENT QUESTIONS

CHOOSE TIME & LOCATION

DONE!

**STEP 3** Select your appointment time. These are the most updated times available for the practice.

Refine your search:

Zip code

Choose time slot

Search

6 Locations available for your appointment

✓ US ABDOMEN

Mon AUG 23

Tue AUG 24

Wed AUG 25

Thu AUG 26

Fri AUG 27

Sat AUG 28

Sun AUG 29

Chattanooga Imaging Downtown

440 North Holtzclaw Avenue  
Chattanooga, TN 37404 map

10:30 am	9:00 am	8:30 am	9:30 am	11:30 am
11:30 am	11:30 am	10:30 am	10:00 am	1:00 pm
1:30 pm	1:00 pm	11:00 am	10:30 am	1:30 pm
2:00 pm	1:30 pm	11:30 am	11:00 am	2:00 pm
2:30 pm	2:00 pm	1:00 pm	11:30 am	2:30 pm

View additional appointment times

Chattanooga Imaging East

1710 Gunbarrel Road  
Chattanooga, TN 37421 map

9:30 am	8:30 am	8:30 am	8:30 am	8:30 am
10:00 am	11:00 am	9:00 am	9:00 am	9:00 am
10:30 am	1:00 pm	10:00 am	9:30 am	9:30 am
11:00 am	3:30 pm	2:30 pm	10:00 am	10:00 am
11:30 am	4:00 pm	3:30 pm	10:30 am	10:30 am

View additional appointment times

Chattanooga Imaging Hixson

2070 Hamill Road  
Hixson, TN 37343 map

9:30 am	8:00 am	8:30 am	8:00 am	9:00 am
10:00 am	9:00 am	9:30 am	8:30 am	10:00 am

View additional appointment times

Select the date and time at the corresponding location for the exam.

CLEVELAND

CHATTANOOGA  
IMAGING

DALTON

Doe, John

✓ US ABDOMEN

Mon AUG 23

Tue AUG 24

Wed AUG 25

Thu AUG 26

Fri AUG 27

Sat AUG 28

Sun AUG 29

2070 Hamill Road  
Hixson, TN 37343 map

11:00 am	10:00 am	10:30 am	9:30 am	11:00 am
11:30 am	10:30 am	11:00 am	10:30 am	11:30 am

View additional appointment times

Chattanooga Imaging Ooltewah

9368 Bradmore Lane  
Ooltewah, TN 37363 map

10:00 am	8:30 am	8:30 am	8:30 am	8:30 am
10:30 am	9:00 am	9:00 am	9:00 am	9:00 am
11:00 am	9:30 am	9:30 am	10:00 am	9:30 am
11:30 am	10:00 am	10:00 am	10:30 am	10:00 am
1:00 pm	10:30 am	10:30 am	11:00 am	10:30 am

View additional appointment times

Cleveland Imaging

2253 Chambliss Ave NW, Suite 102  
Cleveland, TN 37311 map

1:00 pm	8:00 am	8:30 am	8:00 am	8:30 am
1:30 pm	8:30 am	9:00 am	8:30 am	9:00 am
2:00 pm	10:00 am	9:30 am	9:00 am	9:30 am
3:30 pm	10:30 am	10:00 am	9:30 am	10:00 am
4:00 pm	11:00 am	10:30 am	10:30 am	10:30 am

View additional appointment times

Dalton Imaging

1502 N. Thornton Ave.  
Dalton, GA 30722 map

10:00 am	1:00 pm	11:30 am	11:30 am	10:00 am
2:30 pm	2:30 pm	1:00 pm	1:30 pm	10:30 am
3:30 pm	3:30 pm	3:30 pm	2:00 pm	1:00 pm
	4:00 pm	4:00 pm	3:30 pm	2:00 pm
		4:30 pm	4:00 pm	3:30 pm

View additional appointment times

After you select your appointment date/time, please enter “Your Referring Physician”. Enter the provider’s last name and select from the options that display.

CLEVELAND

CHATTANOOGA  
IMAGING

DALTON

Doe, John

SELECT APPOINTMENT

APPOINTMENT QUESTIONS

CHOOSE TIME & LOCATION

DONE!

**STEP 4** Select your insurance and referring provider, then click schedule.

Friday  
Aug 27, 2021  
10:00 AM

Dalton Imaging  
1502 N. Thornton Ave.,  
Dalton, GA 30722.

US ABDOMEN

Patient Name

DOE, John

Add a new family member

Your Referring Physician

SIMMS,

SIMMS, ASHLEY 221 TECHNOLOGY PKWY NW  
ROME, GEORGIA

SIMMS, CASSANDRA 6400 LEE HWY, SUITE 110  
CHATTANOOGA, TENNESSEE

SIMMS, MARTIN D 1719 GUNBARREL RD  
CHATTANOOGA, TN

Edit

Id Card

How are you paying?

+ Add Insurance

Send message

Supporting documents

Order

Identification

Other

Cancel

Schedule

Enter your insurance information by selecting “Edit”

CLEVELAND

CHATTANOOGA  
IMAGING

DALTON

Doe, John

SELECT APPOINTMENT

APPOINTMENT QUESTIONS

CHOOSE TIME & LOCATION

DONE!

**STEP 4** Select your insurance and referring provider, then click schedule.

Friday  
Aug 27, 2021  
10:00 AM

Dalton Imaging  
1502 N. Thornton Ave.,  
Dalton, GA 30722.

US ABDOMEN

Patient Name

DOE, John

Add a new family member

Your Referring Physician

Enter referring doctor name

How are you paying?

I have Insurance

BCBS TENNESSEE

Primary | ID:

+ Add Insurance

Edit

Send message

Supporting documents

Order

Identification

Other

Cancel

Schedule

Enter the “Member ID/Policy” number and “Group No.” Enter the relationship to the insured, (exp, if you are the policy holder, select “Self”. If not, enter the policy holder’s information.

Add Insurance

Insurance Carrier

BCBS TENNESSEE

Primary

Member ID

ABC123456789

Group No.

0000001

Relationship of Insured

Self

Insured's Name

John

Middle Name

Doe

Insured's Date of Birth

01/01/1980

Gender

☒ ☐ ☐

Insured Employer's Name

Type Employer Name

☒ Not Applicable

Cancel

Save and close

If your insurance was not listed previously, please complete the options below.

Add Insurance

Insurance Carrier

INSURANCE NOT ON LIST

Primary

☒ Insurance not on list / Matching address not found.

Add New Insurance

Insurance Name

Insurance Address

City

State

\*\*\*\*\*

Member ID

Type your member ID

Group No.

Type your group number

Relationship of Insured

Self

Insured's Name

John

Middle Name

Doe

Insured's Date of Birth

01/01/1980

Gender

☒ ☐ ☐

Insured Employer's Name

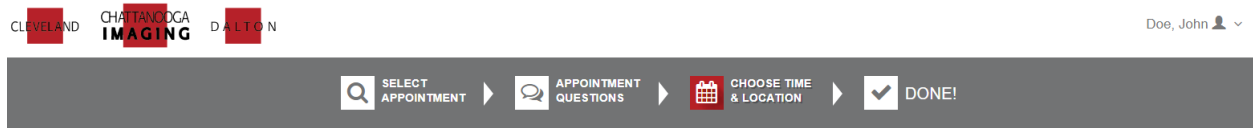
Type Employer Name

☒ Not Applicable

Cancel

Save and close

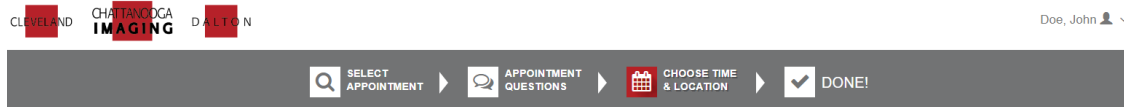
## Add any special messages



**STEP 4** Select your insurance and referring provider, then click schedule.

The form displays appointment details: Friday, Aug 27, 2021, 10:00 AM at Dalton Imaging (1502 N. Thornton Ave., Dalton, GA 30722) for a US ABDOMEN scan. Patient Name is DOE, John. Your Referring Physician is SIMMS, MARTIN D. Under "How are you paying?", there is a red "I have Insurance" button. Below it, BCBS TENNESSEE is listed as the primary insurance with ID ABC123456789, with "Edit" and "Id Card" links. An "Add Insurance" button is also present. A text field for "Send message" is highlighted with a large blue arrow pointing to it from the right. At the bottom are "Cancel" and "Schedule" buttons.



You can also upload your order, ID, and any other documentation for your visit in the “Supporting documents” area. Select the option and then upload the file. Once completed, select “Schedule”



**STEP 4** Select your insurance and referring provider, then click schedule.

The form is identical to the one above. In the "Supporting documents" section, there are three buttons: "Order", "Identification", and "Other", each with a document icon. Three blue arrows point upwards from the bottom towards these buttons. A large blue arrow points from the right towards the "Schedule" button at the bottom right of the form.

Review the prep information for your visit

 Preparation for Appointment 

### US ABDOMEN

Dear John,

We look forward to seeing you for your appointment on Friday, August 27th, 2021 at 10:00 AM. This exam requires little preparation. The requirement is:

- ✓ Please arrive 15 minutes prior to your exam time.
- ✓ Please do not eat or drink 6 hours prior to your exam.
- ✓ Please do not wear any jewelry to your appointment.

Please bring your prescription, insurance card, and photo ID -- It is required for this exam.

Upon arrival, we will collect any co-pays, co-insurance, or deductibles due. Most insurance companies require pre-certification for studies such as MRI, CT, Ultrasound, PET/CT, and Nuclear Medicine. If you are scheduled for one of these exams, our staff has already begun working on your insurance pre-certification. If there is any issue with obtaining your pre-certification for your scheduled exam, we will notify your physician's office and you prior to your exam.

Please do not bring any valuables with you to your appointment.

If you are bringing small children, other than the patient, please have another adult accompany you to provide supervision.

Should you have any questions, do not hesitate to contact us at (423) 553-1234 or visit our website at [www.chattanoogaimaging.com](http://www.chattanoogaimaging.com).


Thank you,

Chattanooga Imaging

OK

You can also complete the paperwork for your visit. Select “Complete Patient Forms” to proceed.

## Complete Patient Forms



You have online registration forms for your upcoming appointment at **Chattanooga Imaging**. Click below to save time and fill out your forms online now!

Complete Patient Forms




Enter your name for box 1. Read the information under 2 and sign your name electronically on 3 by typing your name.

CLEVELAND

CHATTANOOGA  
IMAGING

DALTON

Doe, John



DOE, John (Male)  
DOB: 01/01/1980

Appt. Date & Time: 08/27/2021 at 10:00 am  
Appt. Reason: US ABDOMEN

1

2

**HIPAA Release Form**

1. \* Ladies and Gentlemen:

We are an outpatient diagnostic imaging facility located in Chattanooga and Cleveland Tennessee. We are providing diagnostic medical services to the patient identified above, to who you have previously provided similar services. In order to facilitate our provision of services to the patient, we request copies of the following records/images from your files relating to the patient.

John Doe

2. The requested transfer of protected health information from your facility to ours is permitted by HIPAA and related regulations including C.E.R Section 164.506(c).

Thank you for your cooperation. Please contact us at (423) 553-1234 if you have any questions.

Sincerely yours,  
Chattanooga Imaging.

3. \* Patient Signature:

John Doe

Cancel

Submit

SCROLL DOWN

Please enter the information requested on the “Film Release” form. Check the box for the location you will be visiting. Enter your name, Date of Birth, and Electronic signature. Then scroll and “Submit” form.

CLEVELAND

CHATTANOOGA  
IMAGING

DALTON

Doe, John

1

2

**Film Release**

1. \* I authorize Chattanooga Imaging to obtain any previous medical records needed, to include radiology and/or pathology films and reports.

☒ 1710 Gunbarrel Road, Chattanooga, TN 37421

☒ 2070 Hamill Road, Hixson, TN 37343

☒ 2253 Chambliss Road, Suite 102, Cleveland, TN 37311

☒ 440 N. Holtzclaw Avenue, Chattanooga, TN 37404

☒ 9368 Bradmore Lane, Ooltewah, TN 37363

☒ 1502 N. Thornton Ave, Dalton, GA 30720

2. \* Patient Name:

John Doe

3. \* Date of Birth:

01/01/1980

4. \* Patient Signature:

John Doe

08/23/2021 9:31 am

5. Witness:

Name

5.1. Date:

SCROLL DOWN

Thank you for completing the patient forms online!

Follow appointment preparation instructions, if your appointment requires any preparation. Instructions were emailed to you on the day you booked your appointment. You can also visit our website: <https://chattanoogaaimaging.com>

Thank you!  
The team at Chattanooga Imaging

[Home](#)

You can now see your upcoming visit on your dashboard. From here, you can review your prep again, make changes to your appointment time/date/location and even cancel your visit if needed. You can also update your profile by selecting "Update My Profile" in the menu bar.



SCHEDULE  
APPOINTMENT



MANAGE  
APPOINTMENTS



UPDATE  
MY PROFILE

## MANAGE APPOINTMENTS

Upcoming Appointments

Past Appointments



☐ Cancelled Appointments




Chattanooga Imaging  
Dalton Imaging

Chattanooga Imaging, 1502 N.  
Thornton Ave., Dalton, GA  
30722

**Patient Name** John Doe

**Appointment Date**  Friday 08/27/2021  10:00 am


 Patient Forms

Appointment for


US ABDOMEN

Status: Scheduled | Friday 08/27/2021 at 10:00 am

 Add to Calendar

 My Preparation

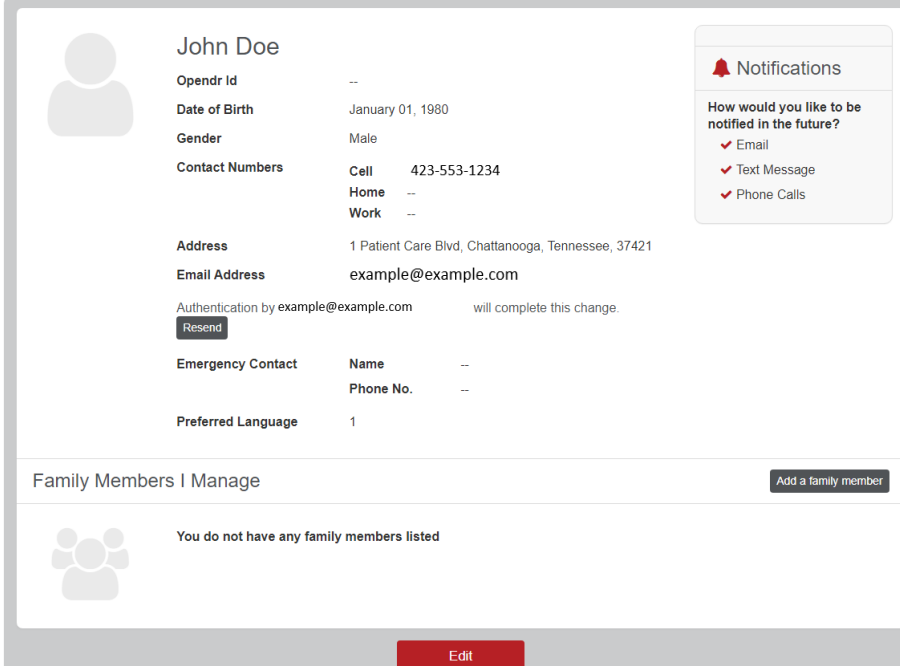
 Reschedule

 Cancel my appointment

SCROLL  
DOWN  


To make changes to your profile, select “Edit” at the bottom of the screen.

Please take the time to validate the information that is currently displayed in this page.



**John Doe**

**Opendr Id** --

**Date of Birth** January 01, 1980

**Gender** Male

**Contact Numbers**  
**Cell** 423-553-1234  
**Home** --  
**Work** --

**Address** 1 Patient Care Blvd, Chattanooga, Tennessee, 37421


**Email Address** example@example.com

Authentication by example@example.com will complete this change.  
[Resend](#)


**Emergency Contact**  
**Name** --  
**Phone No.** --

**Preferred Language** 1

**Family Members I Manage** [Add a family member](#)

 You do not have any family members listed

[Edit](#)



Update the desired information



SCHEDULE  
APPOINTMENT



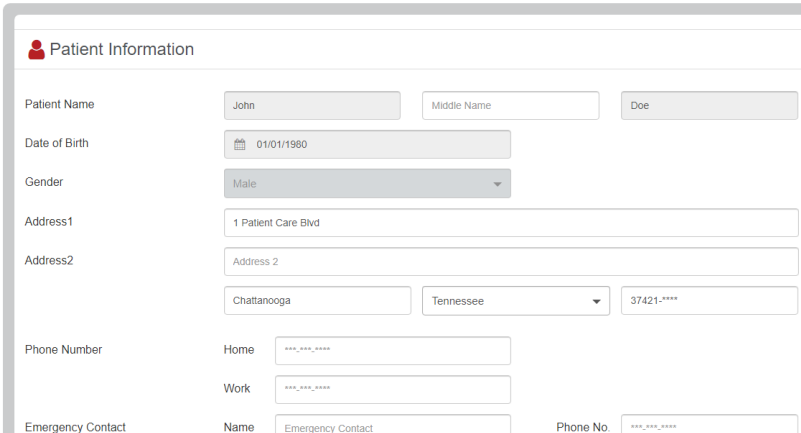
MANAGE  
APPOINTMENTS



UPDATE  
MY PROFILE

## UPDATE MY PROFILE

Please take the time to validate the information that is currently displayed in this page.



**Patient Information**

**Patient Name** John Middle Name Doe

**Date of Birth** 01/01/1980

**Gender** Male


**Address1** 1 Patient Care Blvd

**Address2** Address 2

**City** Chattanooga **State** Tennessee **Zip** 37421-\*\*\*\*

**Phone Number**  
**Home** **Work**

**Emergency Contact**  
**Name** Emergency Contact **Phone No.**



Once all desired information has been updated, select “Update”

CLEVELANDCHATTANOOGAIMAGINGDALTON

Doe, John

Emergency Contact

NameEmergency Contact

Phone No.\*\*\*-\*\*-\*\*\*\*

Preferred Language

Update User ID

Email

example@example.com

This will be your User ID

Existing Password

Existing Password

New Password

New Password

6-12 characters only

Retype Password

Retype Password

Cell

423-553-1234

Verified

We will send you a one-time PIN to the number entered above to complete your enrollment.  
How do you want the PIN delivered?

☐ Text message ☐ Voice call

Notifications

How would you like to be notified in the future?

☒ Email ☒ Text Message ☒ Phone Calls

Cancel

Update

SCROLL DOWN

You can choose to send the updates to all of your OpenDr providers.

Thank you!

Your profile has been updated.

Send this update to my openDr providers?

No, thanks

Yes

You can then choose from the drop down menu on the right, to schedule another appointment, manage appointments, update your profile, or sign out.

CLEVELAND

CHATTANOOGA  
IMAGING

DALTON

SCHEDULE  
APPOINTMENT

MANAGE  
APPOINTMENTS

UPDATE  
MY PROFILE

Doe, John

Schedule Appointment

Manage Appointments

Update Profile

Sign Out

John Doe

Opendr Id--

Date of BirthJanuary 01, 1980

GenderMale

Contact Numbers

Cell423-553-1234

Home--

Work--

Address1 Patient Care Blvd, Chattanooga, Tennessee, 37421

Email Addressexample@example.com

Authentication by example@example.com will complete this change.

Resend

Emergency Contact

Name--

Phone No.--

Preferred LanguageEnglish

Notifications

How would you like to be notified in the future?

✓

Email

✓

Text Message

✓

Phone Calls

Family Members I Manage

Add a family member

SCROLL  
DOWN