

CONSUMER RECORD ACCESS Online... Anytime

WHY USE MYIR

- Give patients access to their OFFICIAL state immunization records
- **Mathematical States of States and States an**
- **I** Use for school, child care, employment
- ☑ Download, print and share records
- Automated reminders when immunizations are due
- 🗹 FREE

REGISTER A PATIENT

- Verify that patient has email and cell phone entered in demographics or "edit"
 - If patient does NOT want to be contacted by text, enter dummy phone number (*cannot use a string of the same digit i.e.* 111-1111)
- Click on "create patient account" from patient demographics page





ACCOUNT CREATED

- Inform patient of their access code, record on reminder card
- Patients will be emailed a link for registration where they will use access code (If they don't receive a link or their email is wrong they need to contact MyIR support: help_myir@stchome.com)
- Once registration is complete, patients can access their records from www.bartelldrugs.com/immunization-records



BARTELL DRUGS

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DUADMACY	CARECUNIC	WEEKLVAD	PHOTO STUDIO	PROMOTION

PATIENT LOGIN

 Patients will visit <u>www.bartelldrugs.com</u>
 Choose *Pharmacy- Immunizations-Immunization Records* to get to the login page

BARTELL DRUGS Inst.test

PHARMACY	
Prescriptions	
Immunizations	
Flu	
Hepatitis A&B	
Human Papillomavirus (HPV)	
Meningitis	
Shingles	
Diohtheria	
Pertussis	4
Immunization Re	1
Travel Consultation	
Pharmacy Services	

Access	your health records from anywhere
Use the Ba immuniza	stell Drug MyIR to keep up-to-date with past immunizations, get reminders for your family's future tions, and even print your own official recordsit's all just a click away.
Receive	automatic updates and notifications for missed or future immunizations for your family.
Print ou	t official immunization certificates to turn into your child's school or to register them for a summer cam
View evi appoint	en print a copy of your immunization record anytime, without the hassle of having to make a doctors ment.
Access	our family's immunization information using any connected device.
IMMUN	Our ramity's immunication information using any connected device.
Gettin	g set up in MyIR is quick and easy
Go to any	Bartell Drug Pharmacy and let them know you want to access your immunization records on-line. They ware identity phone number and email address

Check your email for a confirmation from MyiR and complete the registration process
 Login and set up your user profile

3. You can now readily access as well as print your family's immunization records via Bartell Drug anytime and

View/Print	First Name	Last Name	DOB (MM/DD/YYYY)	Gender		Age	Delete	Status
2	Tricia	test	12/15/2005	Male	-	10 years		10

Looking for official Washington Immunization certificates?

If your status in the table above shows a \checkmark , they have access to the official state immunization database and can receive official documentation certifying school and daycare immunizations

- + If you need an immunization certificate, click the Certificate of Immunization Status button.
- Be informed! To review your immunization schedule according to state recommendations, click the Personal Certificate With Schedule button

CERTIFICATE WITH SCHEDULE

		Dose 2	Dose 3	Dose 4
FLU	Sept. 15, 201	5 Sept. 15, 2015	Sept. 15, 2015	Sept. 15, 2015
Tdap	April 3, 2005			
VARICELLA	Dec. 1, 1990	Dec. 29, 1990		
Vaccine Family	Dose	Scheduled Date	Minimum Valid Date	Status
DTaP/DT/Td	В	April 3, 2015	April 3, 2010	Past Due
		Oct. 1, 2016	Aug. 1, 2016	Optional
FLU	2			

RETRIEVE RECORD

Once logged in patients will click on the "family tab" to see individuals in their account (to consolidate multiple accounts, have them contact help_myir@stchome.com)

> Choose "personal certificate with schedule" to view online or "Certificate of Immunization for printable PDF"

MyIR will query the registry for the most up to date record

 Inform patients that immunizations they receive in store may take 24-48 hours to populate their record

OFFICIAL CERTIFICATE

10 Health		Certifica For Ki	te of Imi	nuni Grada Er	iza =>
Child's Last Name:	First Name:		Middle Initial:		
Transmitting of the local division of the lo	(mage)				
I give permission to my child's school to Immunization Information System to help	share immunizatio the school mainta	n information wit iin my child's sch	h the sool record.		10
Parent/Guardian Signature Required				Date	Pa
A) Temporary Certificate – Expires _ B) Complete for SCHOOL REQUIREN	IENTS		F	AIL	
A) Temporary Certificate – Expires B) Complete for SCHOOL REGUIREN Viacoine	Date MM/DD/YY	Date MM/DD/YY	Date MMDDmm	Date	2000
A) Temporary Certificate – Expires _ B) Complete for SCHOOL REQUIREN Vaccine	Date MMDD/YY	Date MM/DD/YY	Date MM/DD/YY Required Vaccin	Date MMU	20/Y
A) Temporary Centificate – Expires B) Complete for SCHOOL REGUIREN Viscoine Viscoine DTaP, DT (Deptheria, Tetanus, Pertuosia)	Date MM/DD/YY 03/05/16	Date MARDDAYY 04/26/16	Date MMDD/YY Required Vaccin	Date MMC wes for \$	20/Y
A) Temporary Certificate – Expires _ B) Complete for SCHOOL REQUIREN Vaccine DTaP, OT (Diphtheria, Tetanus, Pertussia) Tdap (Tetanus, Derthesia, Derthesia)	Date MM/DD/YY 03/06/16	Date MM/DD/YY 04/26/16	Date MM/DD/YY Required Vaccin	Date MUC wes for \$	co/vv
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A) Temporary Certificate – Dispins B) Complete for SCHOOL (RECUBER) Vacoire Vacoire Tath Of Clefenus, Totanus, Pertuases) for Of Clefenus, Diprimeria, Pertuases) for (Sensus, Diprimeria) Cock and ef 11-15 years, Johan Software II-15 years,	Date MM/DD/YY 03/08/16 03/08/16 10/29/15	Date MALECOVY 04/26/16 04/25/16 03/08/16	Date MMDD/YY Required Vaccir 07/22/16	Date MUC Wes for \$	School
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