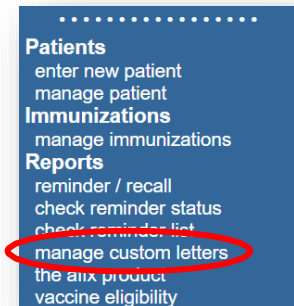


# Creating a Custom Letter for Reminder/Recall in ALERT IIS

After running the reminder/recall report there are a few options for patient contact, including a letter. ALERT IIS allows organizations to create a customized reminder/recall letter to send out to patients. This guide will go through the steps to create an example of a custom reminder/recall letter in ALERT IIS. \*Currently there is no email or texting options available for reminder/recall outreach\*

Refer to the [ALERT IIS Reminder/Recall Report training](#) for a tutorial on a running Reminder/Recall Report. For questions, contact the OIP Help Desk at (800) 980-9431.

**Step 1:** Click on “manage custom letters” under Reports on the left-hand navigation bar.



**Step 2:** Select new custom letter.

To create a brand new letter, click “New Custom Letter”. To edit an existing letter, click on the hyperlinked name.



**Step 3:** Fill out the form

### Top Margin

Top margin controls the number of blank lines at the top of the letter, which will make space for the letterhead and/or patient’s address for windowed envelopes. We recommend starting with 10 and adjusting based on your clinic’s needs.

### Patient’s Address

To include the patient’s address for windowed envelopes, place a check in the “Include patient address” box. If you include the patient’s address, there are three options for names. Select the best option based on your clinic’s privacy rules and patient population.

- (no name)
- Patient name
- To the parent/guardian of patient name

<b>Top Margin</b>	Number of blank lines at the top of the letter: 10 ▼
<b>Patient Address</b>	Include a name with the patient address: To the parent/guardian of patient name ▼ <input checked="" type="checkbox"/> Include patient address
<b>Salutation</b>	Enter a salutation for the letter: To _____ Include a name at the end of the salutation: Responsible person ▼

### Salutation

The salutation is the opening line of your letter. You can enter appropriate words like “Dear” or “To”, and the name to be included. “Responsible person” will refer to them as the parent/guardian of the patient, just as in the patient address.

- (no name)
- Patient name
- Responsible person

### Paragraph 1 and Immunization History

Paragraph 1 indicates whether the patient is due or past-due for vaccines. It is divided into two parts to include the name of the patient or responsible person, but it will display as one continuous sentence with the name in between. You also have the option not to include a name, in which case, just complete the first part and choose “(no name)”.

The Immunization History check box allows you to include the immunizations the patient has already received according to ALERT IIS.

<b>Paragraph 1</b>
<b>First Part</b> According to our records, your child _____
Include a name between the first and second parts of this paragraph: Patient name ▼
<b>Second Part</b> is due for immunizations. Below is their full immunization history: _____
<b>Immunization History</b> <input checked="" type="checkbox"/> Include immunization history

### Paragraph 2 and Immunization Recommendations

Paragraph 2 addresses the vaccines that are due, followed by the option to include immunization recommendations, which is suggested.

The screenshot shows a form with two sections. The top section is titled "Paragraph 2" and contains a text area with the text "Your child is due for the following vaccines:". The bottom section is titled "Immunization Recommendations" and contains a checkbox labeled "Include immunization recommendations".

### Paragraph 3

Paragraph 3 is the concluding paragraph.

The screenshot shows a form with a single section titled "Paragraph 3" containing a text area with the text "Please call our office to schedule an appointment at your earliest convenience. If our records are incomplete, please bring this to our attention so we may correct them."

### Closing

The closing will insert the closing phrase like "Regards", the clinic name and phone number from your clinic's ALERT IIS profile on the Edit Organization page. Another option is to leave blank and type your own closing at the end of Paragraph 3 above.

The screenshot shows a form with a section titled "Closing". It contains a text input field with the text "Enter a closing for the letter: Regards,". Below the input field are two checkboxes, both of which are checked: "Include provider organization name in the closing" and "Include provider organization phone number in the closing".

### Step 4: Name and Save the Custom Letter future reference.

Name the custom letter a unique name. This letter will now appear under "manage custom letters" from steps 1 and 2. Clicking its name will allow you to edit the letter. Click "Save".

The screenshot shows a form with a section titled "Name and save the custom letter". It contains a text input field with the text "Name the custom letter Custom Letter Example". Below the input field are two buttons: "Save" and "Cancel".

# Sample custom reminder/recall letter

To Parent/Guardian of Robert Zimmerman  
 800 NE OREGON ST  
 PORTLAND, OR 97232

**Patient's Address**

To Parent/Guardian of Robert Zimmerman, ← **Salutation**

**Paragraph 1**

According to our records, your child, Robert Zimmerman is due for immunizations. Below is their full immunization history:

Immunization Record		Tracking Schedule: ACIP	
Vaccine Group	Date Administered	Series	Vaccine
DTP/aP	07/24/1998	1 of 5	DTaP, NOS
	09/24/1998	2 of 5	DTaP, NOS
	11/24/1998	3 of 5	DTaP, NOS
	05/24/2000	4 of 5	DTaP, NOS
	05/24/2003	5 of 5	DTaP, NOS
HPV	05/24/1999	Not Valid	Td (adult), NOS
	05/24/2000	Not Valid	HPV, NOS
	05/24/1999	Not Valid	HPV, NOS
Meningo	05/24/1999	Not Valid	Meningococcal, NOS
Td/Tdap	05/24/2009	Booster	Td (adult), NOS

**Immunization History**

Your child is due for the following vaccines: ← **Paragraph 2**

Immunizations Due
HepA, NOS
HepB, NOS
HPV, Quadrivalent
Meningococcal, NOS
MMR
Polio, NOS
Varicella

**Immunization Recommendations**

**Paragraph 3**

Please call our office to schedule an appointment at your earliest convenience. If our records are incomplete, please bring this to our attention so we may correct them.

Regards,  
 Scott's Clinic  
 (971) 673-0300

**Closing**