



Making Changes on the send order screen and Submitting Orders



POWERED BY TOTAL RECALL™

Search User Add Reports Help



Current Customer: ABC INSURANCE Current User: User User On Order (5)

Check All/Uncheck All

Item Type = BOX															
Select	Bar Code	Detail	Parent Bar Code	Customer Name	Cust. Box Number	Contents From	Contents To	Minor Desc	Maj Desc	From Date	To Date	Expire Date 1	Effective Date	Department	Comments
<input checked="" type="checkbox"/>	0029249BEB			ABC INSURANCE	4687	A	Z	Old Work Orders					04/14/2005	MED	
<input type="checkbox"/>	medbox			ABC INSURANCE	Ref1 update	ref2	ref3	auto	ref10	03/01/2004	03/01/2005	03/01/2050	05/19/2004	MED	

Item Type = FILE															
Select	Bar Code	Detail	Parent Bar Code	Customer Name	FileID	Last Name	First Name	Escrow Number	Contents From	From Date	To Date	Expire Date 1	Effective Date	Department	Comments
<input checked="" type="checkbox"/>	F0000036065		0029249BEB	ABC INSURANCE	123456	Simpson	Bart	123456					01/01/1900	04/14/2005	MED
<input type="checkbox"/>	F0000036066		0029249BEB	ABC INSURANCE	123456	Simpson	Barts	123456					01/01/1900	04/14/2005	MED
<input checked="" type="checkbox"/>	F0000036067		0029249BEB	ABC INSURANCE	123456	Simpson	Barts	123456					01/01/1900	04/14/2005	MED

Fig 4- 1

In Fig 4-6 you will notice that 2 of the items that were added to the cart have been unchecked. These are items that will be removed from the cart. To update the cart check or uncheck the items you wish to remove, or add to the work order and use the **“Update”** icon to refresh the cart. This updated cart is shown in Fig 4-7.

Item Type = BOX															
Select	Bar Code	Detail	Parent Bar Code	Customer Name	Cust. Box Number	Contents From	Contents To	Minor Desc	Maj Desc	From Date	To Date	Expire Date 1	Effective Date	Department	Comments
<input checked="" type="checkbox"/>	0029249BEB			ABC INSURANCE	4687	A	Z	Old Work Orders					04/14/05	MED	

Item Type = FILE															
Select	Bar Code	Detail	Parent Bar Code	Customer Name	FileID	Last Name	First Name	Escrow Number	Contents From	From Date	To Date	Expire Date 1	Effective Date	Department	Comments
<input checked="" type="checkbox"/>	F0000036065		0029249BEB	ABC INSURANCE	123456	Simpson	Bart	123456					01/01/00	04/14/05	MED
<input checked="" type="checkbox"/>	F0000036067		0029249BEB	ABC INSURANCE	123456	Simpson	Barts	123456					01/01/00	04/14/05	MED

Fig 4- 2