

Name: _____

Date: _____

Electronic Health Records

L C L I N I C A L C A R E V G P A S A P C V D I
A I U S V Q S N N O G U C R B J E R T F S I J T
B E L E C T R O N I C H E A L T H R E C O R D K
R K I V F Z K W W E X V D B C U Y V N L V Q L C
E B E A I E D K E P X Q O U M V N V X A K C O C
S J J X I X N E L U D E H C S E E F R I X R E J
U T K K V W X J A Y U S R U Y L M P R M R N U P
L T N I A L P M O C F E I H C J Z I O E J Y S B
T L I A F R O N T O F F I C E A R U S C T W S A
S S X E P F A G E F K M N C D A R P L J N C A X
O E F E E U U B O E D K B P D P O R B D I E A U
A Y W I B W N L Z I Y F J N X N A V I H G A R I
V G B C B M L B F R H Z E B D K S T P H R P I D
Q C Y S C O U D T V G L B E K O S A I F O D K O
W J N T W T X N N B A U N U D T R M H E A Y U O
Z Q L U Z L E J I C F C A W K G A K R A N F H S
F U P N L A P L H R E T J R O P F D P O E T Q K
S B J T T S L H G X P F I M A D K I A D F W K R
W J T A W I I C E C V F E L P N H E D A M G B N
Z H D Q N Z Y W W V P D I W T N T X P A E C Q N
W G L G N O I T A C I F I T R E C O H L P I X U
A T W V C D S G C G F V G N I D O C R C Y P S V
V L L I F E R N O I T A C I D E M E S H T M O C
D K M J K L U K R N M L C F H P W M G H O B I A

Electronic Health Record
Correspondence
Fee Schedule
Lab Results
Follow Up
Patient
Forms

Medication Refill
Clinical Care
Front Office
Data Entry
Calendar
Coding
HIPAA

Chief Complaint
Certification
Demographics
Guarantor
Billing
Claim
CPT