



SIMPLE
POWERFUL
CONNECTABLE
REPORTABLE

SHAREABLE



ShareableTM

Forming Connections in Healthcare



**a simple solution
with powerful results.**

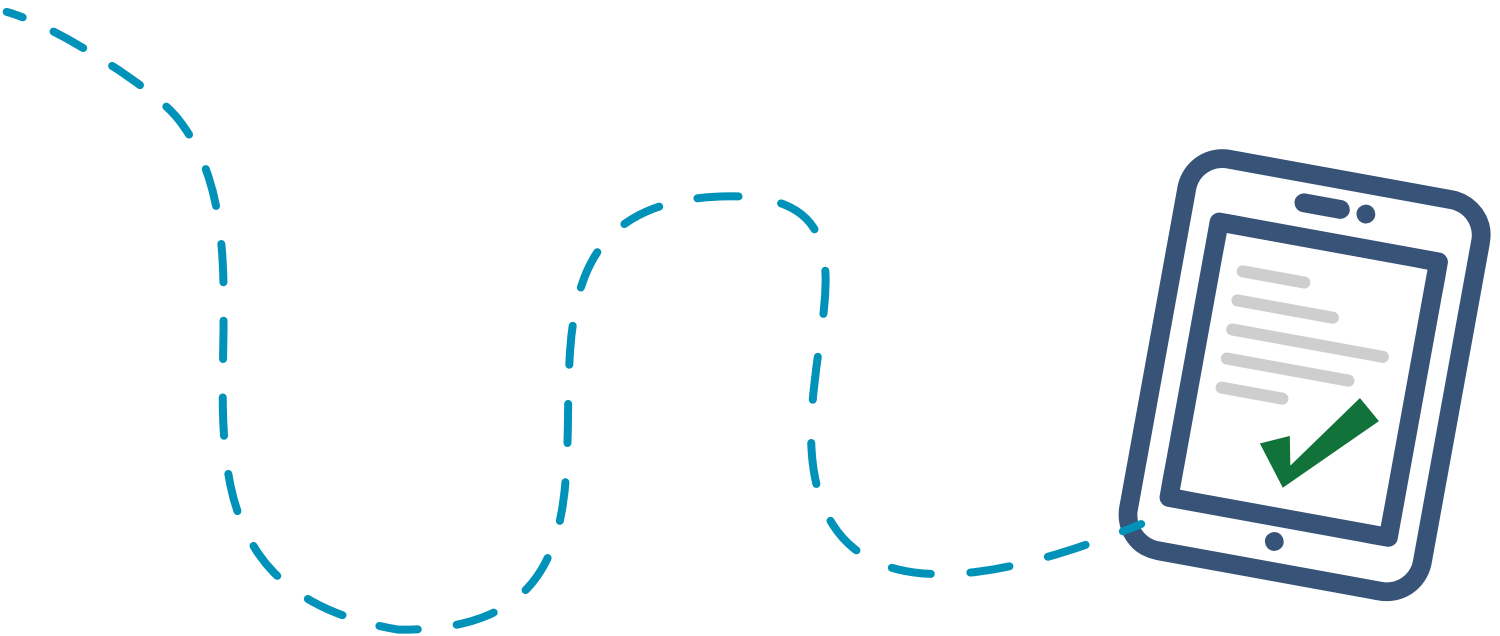
* PEN & PAPER



ARE A THING OF THE PAST.

SHAREABLE FORMS UTILIZES THE COMFORT AND FAMILIARITY OF YOUR PAPER FORMS TO CREATE A NEW EXPERIENCE FOR PROVIDERS AT THE POINT OF CARE.

UTILIZING THE AMAZING TECHNOLOGY OF THE APPLE iPad SHAREABLE'S APP CREATES A SIMPLE WORKFLOW THAT COLLECTS THE DATA THAT YOU NEED WITHOUT ALL OF THE PAPER CUTS.

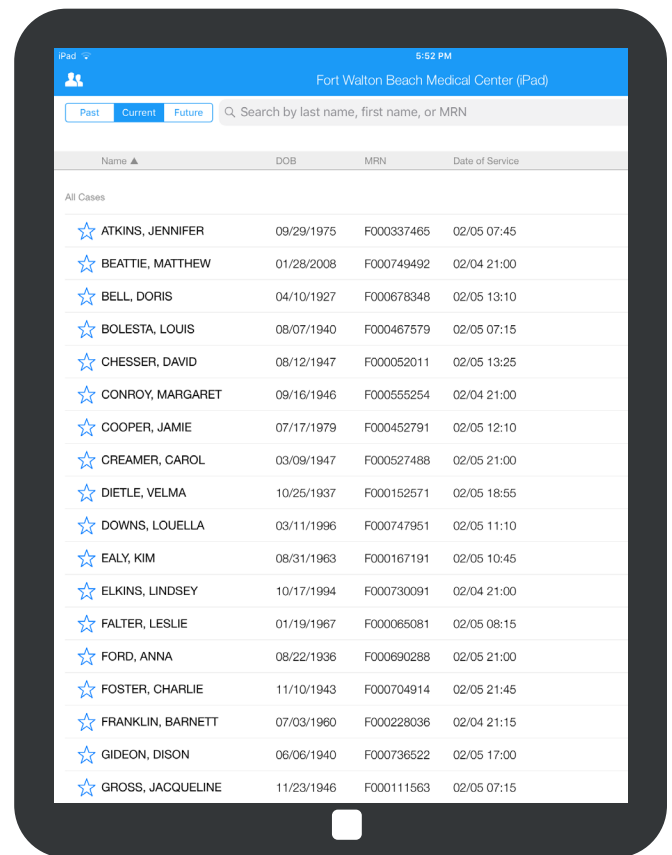
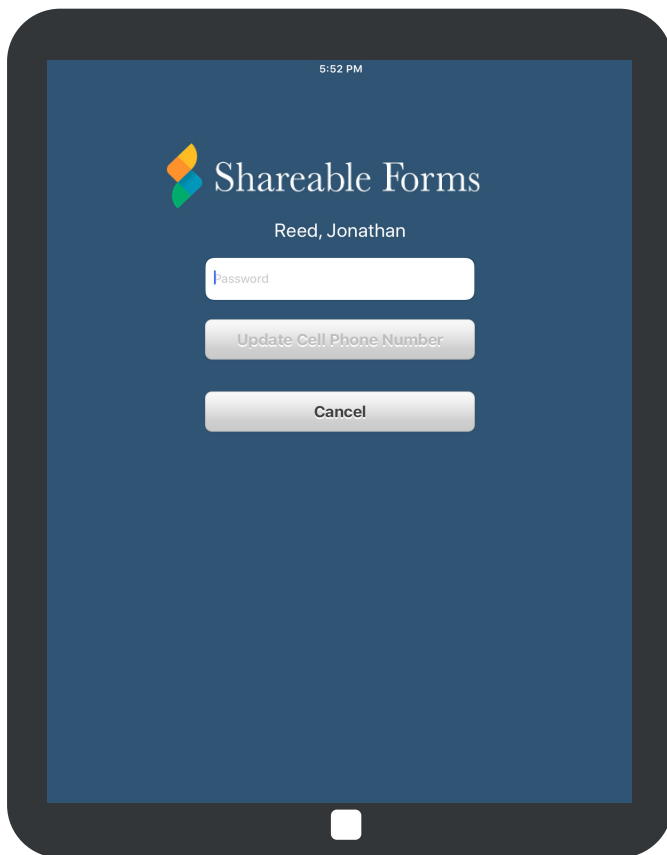






SIMPLE

Almost nothing has to change with Shareable. We take the things that you already love and make them work better for your practice.



LOGGING IN IS EASY

With a few simple keystrokes, you'll have secure access to your cases, even at multiple locations.

OPEN A CASE

Open a case by clicking on a patient's name. We'll import your schedule for the day, automagically. Or simply add patients as you go.

11:22 AM Thu Feb 7 Reed, Jon D (1/24/83, F000123343)

Apply Case Template

Patient

Name Reed, Jon D

Date of Birth 01/24/1983

Gender M

MRN F000123343

Account F00098766544

Date of Service 02/05/2019 17:05

Surgeon Not Available

Forms

☒ PreOp

☒ Anesthesia Record

☐ C-Section Record (to be used following Labor)

☐ Short Anesthesia Record

☐ Labor Analgesic

☐ MAC Anesthesia Record

☒ Care Tool

☐ Pain Management

☐ Invasive Lines

☐ Nerve Block

☐ Tee

☐ Anesthesia Consultation

Co-Pilot

PreOp
ASA, Airway, Allergies, Anesthesia Type, BP, HR, NPO time, Pre-Procedure Eval, RR, Signature, Sp

11:23 AM Thu Feb 7 Reed, Jon D (1/24/83, F000123343)

Apply Form Template

Complete Case

PRE-OPERATIVE EVALUATION

Planned Procedure: Sex: M Age: 36 Height: 68 Weight: 190 BMI: 30

Medications / Supplements: (* if taken day of procedure)
Beta-Blocker? ☐ No ☒ Yes ☐ Not assessed
☐ Medication list reviewed

Allergies / Reactions: ☐ No Known Allergies

If ROS/PMH is positive, check the box; if negative, leave blank.

Cardiovascular: ☐ All Negative
☐ Functional capacity < 4 mets ☐ PTCOA ☒ Stents
☐ HTN ☐ Pacemaker ☐ Valvular Disease
☐ Dyslipidemia ☒ CAD ☐ Dysrhythmia
☐ CHF ☐ MI ☐ Atrial Fibrillation
☐ PVD ☐ Other:

Respiratory: ☐ All Negative
☐ Sleep Apnea ☐ CPAP ☐ Asthma
☐ Home O₂ ☐ Recent URI ☐ COPD
☐ Smoking: ppd x years → Quit ago

Neurologic: ☐ All Negative
☐ Dementia ☐ Neuropathy ☐ Altered Mental Status
☐ Back Pain ☐ Neck Pain ☐ Seizures
☐ CVA ☐ TIA ☐ Other:

Endocrine: ☐ All Negative
Diabetes: ☐ I ☐ II ☐ Thyroid: ☐ Hyper ☐ Hypo
☐ Other:

Gastrointestinal / Hepatic: ☐ All Negative
☐ GERD ☐ Hemorrhoids

ENVISION

Pre-Operative Diagnosis:

Past Surgical Procedures: ☐ None

History of Anesthesia Problems: ☒ None ☐ Yes-Patient ☐ Yes-Family

Physical Examination:
Heart: ☐ Regular Rhythm ☐ Other:
Lungs: ☐ Clear ☐ Other:

Airway:
☐ Adequate ☐ Intubated ☐ Unable to assess
☐ Tracheostomy ☐ Difficult

Mallampati: Dentition: ☐ Ok ☐ 1 Risk of damage-Patient aware

Caps/Crowns: ☐ ☐ Chipped: ☐ ☐ ☐ ☐
Loose: ☐ ☐ Missing: ☐ ☐ ☐ ☐
Dentures: Full ☐ ☐ Partial ☐ ☐ ☐ ☐

The following plan including risks / benefits / alternatives / complications discussed with and accepted by:

☐ Patient ☐ Parent
☐ Guardian ☐ Via Translator

General: ☐ Spinal ☐ Epidural ☐ Nerve Block
IV Regional: ☐
MAC- Medical Necessity:
☐ Therapeutic drug monitoring secondary or integral to propofol use
☐ Strong possibility of expansion of procedure
Successful procedure without MAC unlikely due to:
☐ History of severe anxiety, panic attacks, and/or phobias
☐ History of low pain threshold
☐ History of chronic severe pain
☐ Other: See attached history of previous anesthesia complications

GERD PreOp Anesthesia Record Vitals Grid Care Tool

CHOOSE YOUR FORMS

Toggle the forms you need for each case or use our form template builder to preset the right documents and information in advance.

START CARE

With just the tap of your finger select the form sections that need to be filled and easily add the data.



POWERFUL

Imagine paper forms that ask smart questions, prevent mistakes, and intelligently pass information throughout the perioperative process.



8:58 AM Fri Feb 8
28 Test, Amy2 (1/1/90, ...)

Apply Form Template

PRE-OPERATIVE EVALUATION

Planned Procedure: _____

Medications / Supplements: (* If taken day of procedure)
 Beta-Blocker? ☐ No ☐ Yes ☐ Not assessed
☐ Medication list reviewed

Allergies / Reactions: ☐ No Known Allergies

If ROS/PMH is positive, check the box; if negative, leave blank.

Cardiovascular: ☐ All Negative
☐ Functional capacity <4 mets
☐ HTN ☐ Pacemaker ☐ PTCA ☐ Stents
☐ Dyslipidemia ☐ ICD ☐ Valvular Disease
☐ CHF ☐ CAD ☐ Dysrhythmia:
☐ PVD ☐ MI ☐ Atrial Fibrillation
☐ Other: _____

Respiratory: ☐ All Negative
☐ Sleep Apnea ☐ CPAP
☐ Home O₂ ☐ Asthma
☐ Recent URI ☐ Other: _____
☐ COPD
 Smoking: _____ ppd x _____ years → Quit _____ ago

Neurologic: ☐ All Negative
☐ Dementia ☐ Neuropathy ☐ Altered Mental Status
☐ Back Pain ☐ Neck Pain ☐ Seizures
☐ CVA ☐ TIA ☐ Other: _____

Endocrine: ☐ All Negative
 Diabetes: ☐ I ☐ II ☐ Thyroid: ☐ Hyper ☐ Hypo
☐ Other: _____

Gastrointestinal / Hepatic: ☐ All Negative
☐ GERD ☐ Hemorrhoids

Physical Exam:
 Heart: ☐ Beta Blocker
 Lungs: ☐ ☐ ☐
 Airway: ☐ Adequate ☐ CASE PENDING
☐ Tracheostomy ☐ BP
 Mallampatti: ☐ ☐

Co-Pilot
 ALL ALERTS
 Highlight All Alerts ✓
 ASA
 ACCOUNT NUMBER
 Account Number
 AIRWAY
 Airway
 ALLERGIES
 Allergies
 ANESTHESIA TYPE
 Anesthesia Type
 BETA BLOCKER
 Beta Blocker
 CASE ID
 CASE ID
 CASE PENDING
 CASE PENDING
 BP
 BP
 Mallampatti
 Mallampatti

MAC:
☐ Patient ☐ Parent
☐ Guardian ☐ Via Translator
☐ General ☐ Spinal ☐ Epidural ☐ Nerve Block
☐ IV Regional
☐ MAC- Medical Necessity:
☐ Therapeutic drug monitoring secondary or integral to proposed use
☐ Strong possibility of expansion of procedure
 Successful procedure without MAC unlikely due to:
☐ History of severe anxiety, panic attacks, and/or phobias
☐ History of low pain threshold
☐ History of chronic severe pain
☐ Other: _____

MAC Assessment Record Vital Signs Case Tool

CO-PILOT

Forgetting to mark a field on a paper form is easy and can be costly. Shareable's co-pilot feature will make sure you capture every critical piece of data, the first time.

☐ Depression ☐ Difficult IV Access
☐ Glaucoma ☐ Pregnant (EGA _____ wks)
☐ ETOH Abuse ☐ Other: _____


Reed Last Name Jon First Name D 01/24/1983 F00098766544 02/05/19 F0
 Last Name First Name MI Date of Birth Account No. Date of Service

PRE-OPERATIVE EVALUATION

Data: ☐ Labs N/A ☐ Medical Evaluation reviewed
 H/H: _____ / _____ PLT: _____ K: _____
 PT/INR/PTT: _____ BUN/CR: _____
 Pregnancy test: ☐ Negative ☐ Positive ☐ N/A
 Glucose: _____ @ _____
 EKG: ☐ Normal or: _____
 CXR: ☐ Normal or: _____

Pre-Procedure Evaluation: (Must be completed day of procedure only)
☐ Patient re-evaluated and following changes noted: ☐ None

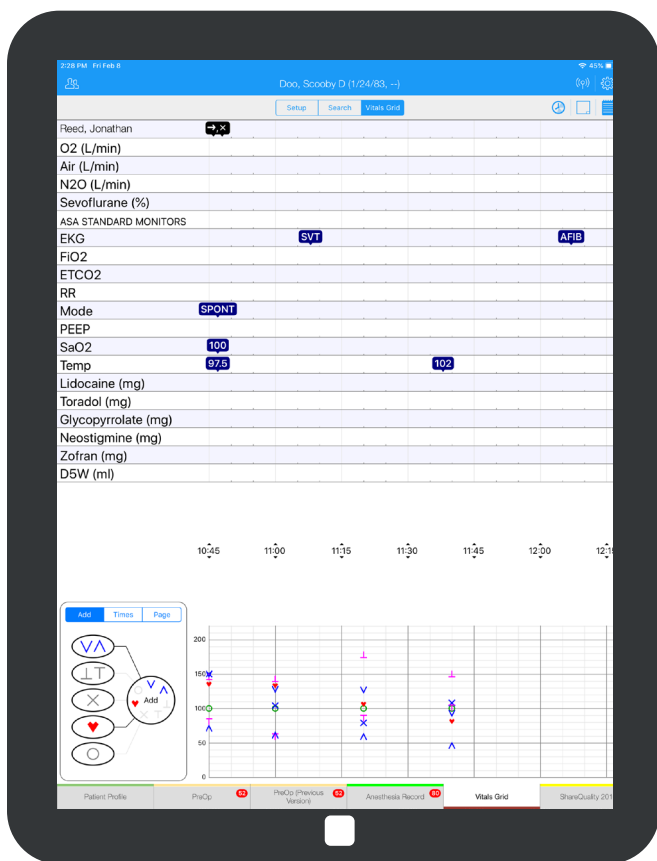
BP: 100/60 HR: 75 SpO₂: 97 % RR: _____ Temp: _____ NPO time: _____

Pre-Procedure Evaluation Signature
 Cancel  Save Clear

Care Tool

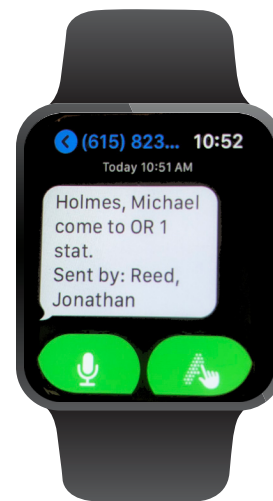
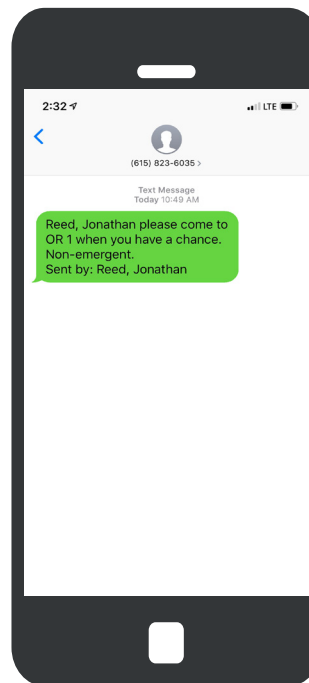
ELECTRONIC SIGNATURES

No one can read them anyway but our onscreen signature feature makes it simple to sign any form for patients and doctors.



REAL-TIME VITALS

Monitoring drugs and patient vitals throughout the interoperative process is a breeze with our proprietary vitals grid.



SMS PAGING

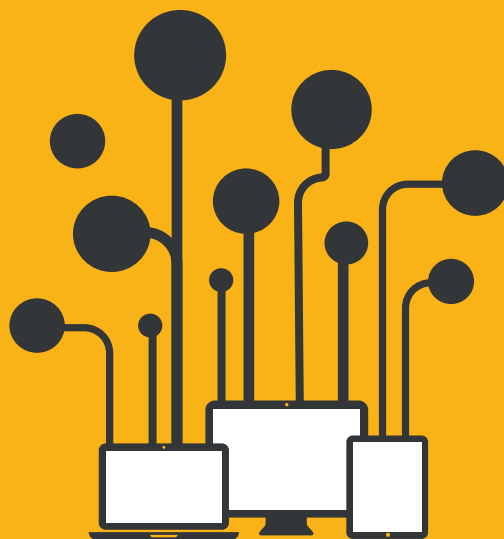
With our in-app paging, the doctor is never more than just a few clicks away.





REPORTABLE

Our comprehensive data and analytic tools will give your practice a new level of efficiency and accuracy to make smarter decisions and provide greater patient care.



CONNECTABLE

Shareable Forms connects seamlessly into your patient workflow with powerful and simple integrations that bridge the gap in your healthcare infrastructure.

Forms



Anesthesia Record



Consent



Survey



Short Anesthesia Record



OB Anesthesia Record



MAC



Procedure Record



Pain Record



PostOp Assessment



ShareQuality 2016



PatientKeeper



ePreop



Image



Health PreOp



Health Anesthesia Record

Health Optimetrix Quality Data
Form



ShareableTM

Forming Connections in Healthcare