



MediCore

CLINIC OPERATIONS INTELLIGENCE

WHITE PAPER · FEATURE SERIES

From Fax and Inbox to Guided Workflow

How MediCore Clinical Orders eliminates manual order handling and stops revenue from slipping through the cracks

A practical guide for clinic owners and operators

In this paper

Why manual, fax- and email-driven order management quietly drains clinic revenue and staff time, and how MediCore turns every lab, imaging, medication, and referral order into a guided, trackable workflow that files itself, matches the right patient, and never falls off a desk.

Executive summary

Orders are where clinic revenue is won or lost. A lab result that never comes back, a referral that is never scheduled, an imaging request buried in a fax queue or an email inbox; each one is a patient who waits longer, a diagnosis that slips, and money that leaves the practice. Yet in most clinics, order management is still a manual relay of paper, faxes, PDFs, and re-keyed data spread across systems that do not talk to each other.

MediCore Clinical Orders replaces that relay with a single guided workflow. Every order, whether typed in by staff or arriving as a faxed or emailed form, becomes a first-class case with an owner, a due date, and a clear next step. AI reads incoming order forms and pre-fills the details, automatically matches the right patient, and files the order so nothing sits unassigned. The result for owners is simple: **fewer dropped orders, faster turnaround, less staff busywork, and a complete audit trail on every request.**

The hidden cost of manual order management

For all the investment clinics have made in electronic records, the day-to-day movement of orders still runs on some of the least reliable plumbing in healthcare. Order forms arrive by fax and email, get printed, get re-typed into another system, and get tracked (if they are tracked at all) in someone's head or a shared spreadsheet. The consequences are well documented across the industry.

<p>1 in 3 of documents sent to healthcare facilities still arrive by fax</p>	<p>88% of practitioners say fax-related delays hurt patient care</p>	<p>54% of faxed referrals ever result in a scheduled appointment</p>
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Sources: Documo 2025 Healthcare Fax & Workflow Survey; referral figures compiled by Dialog Health from Mass.gov, PubMed Central, and IHI.

More than a third of documents reaching healthcare facilities still arrive by fax, and just over half of organizations process those faxes entirely by hand. Email has not solved this; it has simply added a second unmanaged inbox, where the same order forms land as PDF attachments waiting for someone to notice them. Because so much of that paper and email is time-sensitive, the delays are not cosmetic: 88 percent of practitioners report that fax-related hold-ups negatively affect patient care, from postponed procedures to incomplete records and prescribing errors.

Referrals show the revenue side of the same problem. Only about half of subspecialist referrals are ever completed, and only 54 percent of faxed referrals result in a scheduled appointment. Every incomplete referral is a patient who did not get care and revenue that left the practice; this is what the industry calls referral leakage, estimated to divert a meaningful share of health-system earnings each year. When staff cannot see which orders are open, which are overdue, and who owns them, orders simply fall off the desk.

The core problem is not effort; it is visibility. Staff are working hard; the orders are just invisible. Nothing tells the clinic which requests are open, which are at risk, and which quietly died in an inbox.

Clinical Orders in MediCore: every order is a living case

MediCore treats orders as *cases*, not rows in a static list. That single design decision is what makes them impossible to lose. The moment an order exists, it inherits everything MediCore already does for patient interactions: an assigned owner, a service-level deadline, a work queue that routes it to the right team, in-case

comments and @mentions for collaboration, real-time updates across the staff dashboard, and a complete audit trail of who did what and when.

Practically, that means a manager can open one screen and see every open order across the clinic, what type it is, who owns it, how close it is to its deadline, and whether it has stalled. Orders that breach their timelines surface automatically. Nothing depends on a staff member remembering to follow up.

Four order types, one consistent lifecycle

Clinical Orders covers the four request types that drive most clinic follow-up work, each with a guided workflow tailored to how that order actually moves:

- **Lab orders:** From submission through scheduling to result delivery, so results are delivered, not chased.
- **Imaging orders:** The same guided path for radiology and diagnostic requests across locations.
- **Medication orders:** A prescription-to-dispensing flow that keeps pharmacy steps on track.
- **Referral orders:** The workflow where leakage hides, with a clear path from request to scheduled specialist visit.

Because all four share the same underlying engine, staff learn one way of working and managers get one consistent view, while each order type still follows the right clinical steps. Priority is captured in plain terms (routine, urgent, or STAT) and drives how quickly the order surfaces for action.

Getting orders in, automatically

The biggest time sink in order management is not doing the clinical work; it is the data entry and shuffling that happens before the work can even start. MediCore attacks that directly with two intake paths and an AI layer that does the typing.

Order forms that read and file themselves

When an order form arrives as a fax or email attachment, MediCore does not wait for a human to notice it. A per-clinic mailbox connection continuously pulls in incoming order forms, and every qualifying attachment is turned into an order automatically. AI vision then **reads the form**, extracting the order type, title, priority, order date, and patient details, and pre-fills the case so staff review the data rather than transcribe it. A faxed lab slip or an emailed referral becomes a structured, trackable order without anyone re-keying it.

The right patient, matched automatically

Misfiled orders are as costly as lost ones. MediCore uses the details it extracts to find the patient automatically: when the form's phone number or name resolves to a single record, that patient is linked with a clear "matched automatically" note; when it is ambiguous, staff are prompted to confirm. A short verification step lets a staff member glance at the original form side-by-side with the extracted fields, correct anything, and confirm, at which point MediCore creates the finished order, attaches the source document, and closes out the verification. One deliberate human check, no manual data entry.

Or create an order in a few clicks

When staff are already with a patient, on a call or in the Patient 360 view, they can raise an order directly, attach a scanned or faxed form, and let the same AI extraction pre-fill the fields. Whether an order starts from an inbox or from a staff member, it runs through the identical, auditable workflow, so there is only one way orders behave in the clinic.

What clinic owners gain

For the clinic, Clinical Orders is not a feature, it is a set of business outcomes.

- **Fewer dropped orders and less leakage.** Every order is owned, tracked, and visible until it is resolved, so referrals get scheduled and results get captured instead of dying in a queue.
- **Reclaimed staff time.** AI extraction and auto-matching remove the re-keying and searching that consume front-desk hours, letting the same team handle more volume without more headcount.
- **Faster turnaround for patients.** Orders start moving the moment they arrive rather than when someone gets to the fax pile or the inbox, shortening the wait between request and care.
- **A defensible audit trail.** Every order action is logged automatically, which matters for compliance reviews, payer disputes, and simply knowing what happened.
- **One system, not ten tabs.** Orders live alongside calls, messages, appointments, and the full patient record, so staff stop stitching the picture together by hand.

The bottom line. Manual order handling converts staff effort into lost revenue. MediCore Clinical Orders converts the same effort into completed orders, captured results, and scheduled referrals, with a record to prove it.

Built for healthcare from the ground up

Because orders carry sensitive patient information, Clinical Orders is built on the same security foundation as the rest of MediCore. Each clinic's data is fully isolated from every other clinic, integration secrets are encrypted at rest, staff access is governed by role and location, and every create, update, and delete is written to an append-only audit log. Order forms are stored in secure cloud storage and shared only through short-lived, expiring links, never left exposed. Users get the operational upside of automation without loosening the controls a healthcare business is expected to keep.

Conclusion

Order management looks like a back-office chore, but it is really a revenue and patient-safety function hiding in plain sight. The clinics that still run it on fax queues, overflowing inboxes, and re-keyed forms are paying for it twice; once in staff time and again in the orders that never get finished.

MediCore Clinical Orders closes that gap by making every order a guided, self-filing, fully tracked workflow, so the work that used to fall through the cracks simply gets done.

See it on your own orders

Request a walkthrough and we will show how MediCore turns a stack of faxed and emailed order forms into a clean, tracked queue, using examples from a clinic like yours.

[MediCore · Clinic Operations Intelligence](#)

Sources

- Documo, 2025 Healthcare Fax & Workflow Survey (share of documents received by fax; manual processing; 88% patient-care impact).
- Dialog Health, "Patient Referral Statistics," compiling Mass.gov, PubMed Central (PMC), and the Institute for Healthcare Improvement (referral completion and faxed-referral scheduling rates; referral leakage).