

# **CHOOSING MEDICAL TRANSCRIPTION AS A HOME BUSINESS**



**How To Achieve Your DREAM!**

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## INTRODUCTION

Are you looking for more freedom, a better income and the benefits of being your own boss? Then you may want to consider working at home as a Medical Transcriptionist. Advances in telecommunications and computer technology now make it possible for any qualified medical transcriptionist living anywhere in the United States to take advantage of this exciting opportunity. As an independent contractor, here are some of the advantages you will experience:

### The Work-At-Home Advantage

- **time freedom** - the number of hours you work each week is determined by you.
- **flexible schedule** - schedule your productive work hours around family time and other commitments
- **be your own boss** - no more office politics, no more dependence on a supervisor's goodwill; your future is in your own hands
- **work in your pajamas** - working at home means more comfort and more freedom of choice
- **more time with your family** - never again be torn between the needs of your family and the demands of work
- **a 10 second commute** - from wherever you are in your home to your desk; no more wasted time traveling back and forth to work; no more traffic jams!
- **less stress** - on the job stress is nearly eliminated because you are in charge of your work day
- **save money** - work related expenses budgeted for gas, daycare and clothes are eliminated
- **work from any location** - do you prefer living in the country or up in the mountains? is your spouse considering taking a job in a different city? no longer do these choices mean giving up your work and your income.



The remaining booklet has been filled with questions and answers that will provide you with a good working knowledge of the Medical Transcription field. We have also included helpful websites and contact information for supplies and employment.

Enjoy!

# **SECTION I**

**WHAT IS MEDICAL TRANSCRIPTION, HOW IS IT DONE, AND WHAT DOES IT PAY?**

**DON'T GIVE UP YOUR DAY JOB - A REALISTIC APPROACH TO RUNNING YOUR OWN BUSINESS**

**DO YOU HAVE WHAT IT TAKES TO RUN YOUR OWN BUSINESS?**

**HOW TO GET THE TRAINING AND EQUIPMENT NECESSARY WITHOUT INVESTING A SMALL FORTUNE**

**TIME MANAGEMENT**

## WHAT IS MEDICAL TRANSCRIPTION, HOW IS IT DONE, AND WHAT DOES IT PAY?

A Medical Transcriptionist is often also called a "Medical Language Specialist." A Medical Transcriptionist, or "MT" is a person who assists physicians and specialty surgeons usually by transcribing, formatting, and proofreading their dictated medically-oriented reports. Most commonly, MTs transcribe physicians' dictation that outlines a patient's health. Other reports may include history and physical reports, clinic notes, office notes, operative reports, consultation notes, discharge summaries, letters, psychiatric evaluations, laboratory reports, x-ray reports and pathology reports.

It involves receiving dictation by tape, digital system or voice file, and using earphones, a foot pedal for start-stop control and a word processing program. It sometimes includes the use of a printer and sometimes a modem. A variety of word-processing systems are used. It requires good listening and language skills, computer skills and knowledge of medical terms.

Several dictionaries are necessary: Medical definitions, medications, medical terms by specialty, laboratory terms, surgical terms and abbreviations. Specialized word lists are also helpful, and journals and computer networking are helpful for current information about new medications and terms. Transcription is done more efficiently with the use of a medical spell checker and an abbreviation system such as PRD or Smartype.

Statutory employee status is the same as an independent contractor except that the company pays half of the FICA tax (about 7.5%) and withholds the other half. Independent contractors pay the 15% as self-employment tax. Self-employed transcriptionists provide their own benefits. Quarterly payments on taxes and self-employment taxes are required. Equipment expenses are tax deductible, including a percentage of home expenses if working at home.

If you are charging for your own work, there are several ways to do this:

- ③ **Gross line basis.** For this, you will need a line counting program. Microsoft Word will count the blank lines, not just the typed lines. A gross line is any line with typing on it, whether it is one word or twelve.
- ③ **Character line basis.** Most times it is a 65 character line. Note, you do not receive credit for spaces. For this, a line counting program would have to be purchased.
- ③ **Keystrokes.** Most likely you will need to purchase a keystroke counting program. These programs will count how many keys are used. This will count spaces and every time you hit the shift key, etc. After you obtain the keystroke total, divide by the predetermined line amount. For example, 1000 keystrokes on a 65 character line basis would result in a little over 15 lines.

- ③ **Per minute/hour dictation.** Under this form of billing, you would have agreed upon an amount for the physician of how much per minute/hour and the amount would then be multiplied by how much dictation you have. For this, you need to make sure you have a transcriber that will count minutes/hours.
- ③ **Per page basis.** Count the number of pages and multiply by the predetermined page amount set with the physician.
- ③ **Per hour.** Set wage per hour. This option is not often used for someone working from home, but is easily calculated.

Medical Transcriptionists working from home are generally paid by the line, but there are many variations. Some are paid "production" by the line, character or page. Others are paid hourly. The standard varies widely throughout the country - MTs in some areas may earn an average of 08 - 10 cents per line, while in other areas the standard may be 11 -18 cents per line. It depends whether you are the subcontractor or the owner of the business. A subcontractor is generally paid about 2/3 of what the owner is charging the doctor, but not all business owners pay fairly!

Call around to some of the local transcription businesses in your area and find out what they charge per line, if they will share that information with you, then subtract 35% and you will have a rough idea of what they are paying their subcontractor transcriptionists. Experienced transcriptionists do earn a good income, (some full-timers earn well over \$50,000 - \$60,000 per year), and considerably more if they hire subcontractors of course.

But experienced MTs earn substantially more than beginners - for a number of reasons. First, their pay per line is generally higher because less proofreading (by their contractor) is required. Secondly, they produce significantly more work (less time spent researching spelling, usage, etc.,) so their pay per hour is higher. As experienced transcriptionists, we can still remember the early days when our pay reflected less than minimum wage per hour because so much time was spent trying to figure out "what did he say?" and "is that drug capitalized or not?" We hung in there though, and saw our pay per hour move into the double digits relatively quickly. But remember-- it is YOUR business -- time is money, so the faster you are, the more you produce, the more you are paid.

If pressed to put a rough average on what intermediate-level transcriptionists make, we would estimate approximately \$20 per hour, based on \$.08 per line, 250 lines/hour. Beginners average about one-quarter to half that for the first month or so until they get familiar with the particular dialect and phrasing of their dictating doc. As an experienced MT, your goal should be to get the same amount of work done in half of the time. As you gain experience, you will pick up many tricks along the way and realize that "time robbers" such as coffee breaks, accepting that personal phone call, etc., really DO cost you money!

A note of caution: If someone tries to convince you that this is a "get rich quick and work at home" type of business, don't listen! In order to make money at medical transcription, you must be very motivated to learn, a relatively "quick study", and a fast typist. We have seen a number of nurses, pharmacists and others with significant medical terminology background fail because they couldn't pick up the typing end of it. On the other hand, we have seen some lightning quick typists fail because they couldn't pick up the medical terminology. This is truly the best job in the world IF you can master both of these areas. Believe us when we say that there is no better morning commute than from the coffee pot to the den! (And a 3-hour work day with no commute leaves a lot of time for the important stuff in life!)

One final note about income - don't forget that one of the biggest factors in your income will be your tax savings. Owning a home business means you have the opportunity to expense the home office portion of your mortgage, utilities, supplies, and even your car if it is used to pick up/drop off work. Be sure to look into this further before deciding to make the leap, and weigh the tax advantages into your income. Remember, every legitimate tax deduction is a raise in pay!

*\* A line is generally assumed to be any number of characters on a line; for example, a doctors signature line with your initials (TRJ/tlu) would pay the same as a full line of text. Some contractors, however, specify that a line is 65 characters or so. Again, it pays to check out the standard in your area.*

## **DON'T GIVE UP YOUR DAY JOB - A REALISTIC APPROACH TO RUNNING YOUR OWN BUSINESS**

Generally speaking, working from home may be physically and mentally demanding, often thankless, and sometimes financially insecure, it requires a great deal of self-discipline and may involve long, hard hours. You must be a "self-starter" and be fully committed to your business success. You must make sure to gather all the information, and is clear in your own minded what you expect from a home-business and yourself. Certainly, **it would be wise not to leave a full-time position with an employer** to start a home business until everything is in place and even better, new accounts lined up.

Here are some Pros and Cons for you're to consider:

### **Pros:**

**Work at home** - Save money on commuting costs, childcare, work clothing, lunches out, etc.

**Tax savings.** We are not qualified to offer tax advice, but we *can* say that a legitimate home business has some VERY favorable tax advantages!

**Schedule flexibility.** In most cases, *you* decide how much work you are willing to take on. You can also determine your work hours within a general 24-hour window (most contractors require 24-hour turnaround M-Th, Fridays work is generally returned by Monday a.m.). We know of a transcriptionist who works from 4 A.M. to 9 A.M., and others who work in the evenings.

**Transcription** is the perfect home business for parents of school-age children, as work can often be completed while the kids are at school, sleeping etc.

**Less stress.** Many transcriptionists have moved over from high-profile careers to transcription at home. While most any job has its fair share of stress, when your work is done for the day - it's done. There is nothing on your "To Do" list for tomorrow.

**Great income** - *potentially*. Remember the skills that are required and the discussion on potential income. Be honest about your ability. BUT, if you can do the work, transcription is one of the most lucrative at-home business opportunities available.

**Nothing to sell!** We just HAD to include this, because as we were researching at-home business opportunities, we found that 99% of the "legitimate" businesses out there were related to sales. And we **hate** to sell! Especially if the business pitch is something like, "Think of all of the friends, family and co-workers that you know! Hundreds of potential clients! Wouldn't they like the opportunity to buy (insert phone cards, vitamins, toys, Cosmetics etc) from you?"



**Low risk** - Hey, you don't have to quit your day job! Transcription is something that you can, and should, learn while still maintaining a steady income from your current job. You will know when you are good at it -- simply time how long it takes to complete a dictation, multiply the lines typed by the average of 12c/line and see how much money you will probably earn! You can even estimate how much time you would have to invest to match your current salary or budgetary needs . . . and don't dive in until you can meet this!

**Legitimate business with a defined need - and growing.** . . just check your local newspaper. The average city newspaper will have 5-10 advertisements weekly for transcriptionists. True, some of them specify "in-house", meaning they don't want you to work at home - but these positions are dwindling, as experienced transcriptionists pass them up for work-at-home positions. Most contractors have concluded that, in order to get quality work, they must allow for outside ("work at home") subcontractors.

In addition, your telephone book will probably list at least several transcription companies, and they are always looking for qualified help. Most of their experienced employees do work from home (hey, it saves them money, too!). Beginning transcriptionists will find a good mentoring opportunity by partnering with a company "in-house" for a few months. Be sure to check with your local hospitals and clinics to see if they offer MT training and/or internships.

Lastly, there are literally hundreds of physicians in the average city, and the majority of them employ transcriptionists; especially since more and more insurance companies and HMOs *require* typed reports (for accuracy) as opposed to the old "handwritten" reports. The need for transcriptionists is expanding, and contractors are willing to pay more - and allow the freedom of home-based businesses in order to get quality work!

#### **Cons:**

**No Company benefits package.** As a subcontractor, you are on your own when it comes to health insurance, life insurance, retirement planning, etc. Also, don't expect sick pay or paid vacations/holidays.

**"Time off" may be limited.** This will depend on your situation, but generally the smaller the group the more difficult it is to get time off since someone else will have to pick up your workload. If you are not working in a group at all, but directly with one or two physicians, you will have to find another qualified transcriptionist to cover in order to take time off. Many independent transcriptionists work vacations, etc. Around their physicians scheduled time off.

**Workload may be sporadic.** Again, this will depend on the physician or group that you are working with. Some physicians dictate very consistently, every day. Others dictate several days at once. If this is a potential problem, be sure to address this before accepting a subcontractor position.

**Some initial investment is required.** Training and reference materials, office supplies and equipment will be required before you are able to accept even your first subcontractor position, although the "start-up" costs for this business are among the lowest of any business - AND, you'll probably enjoy a very fast ROI (Return on Investment). Most business

advisers tell small business owners to plan on one year or more before actually showing a profit. However, a home transcription business will typically pay for the start-up costs in less than a month to six weeks, and be consistently profitable from then on - which is really quite an impressive achievement for a home business!

(In our section, ***Business on A Shoestring***, we feature a great "budget" guide for outfitting your business).

Review the section below, ***Do You Have What It Takes*** to take a quick self-evaluation.

## DO YOU HAVE WHAT IT TAKES TO RUN YOUR OWN BUSINESS?

Most successful entrepreneurs exhibit an ability to handle many facets of a business. The 20 questions below are designed to give budding entrepreneurs an idea of what traits or qualities are needed or should be developed to operate a successful business.

1. Are you a decision-maker or a procrastinator? Can you make quick decisions and feel comfortable with them?
2. Do you relate well to people on all levels?
3. Can you join in a conversation with a room full of strangers and feel at ease?
4. Can you pick up the phone and ask a direct question in an uncomfortable situation?
5. Can you direct others to carry out your orders without being too aggressive or overbearing?
6. Can you start a project and follow it through, or do you get side-tracked easily?
7. Can you express yourself well so that people are interested in what you are saying?
8. Do you like yourself? - Do you like who you are?
9. Do you start each day in a positive manner?
10. Can you maintain a positive attitude in adverse situations?
11. Do you have technical skills in your area of interest and are you willing to expand them?
12. Do you read the financial and business sections of the newspaper?
13. Can you cold-call or sell yourself over the phone?
14. Do you have sound financial knowledge of how a business operates and know the difference between gross and net profits?
15. Can you express yourself in writing?
16. Can you take the initiative and work without direction?
17. Are you willing to work long, hard hours?
18. Can you work without getting easily distracted?
19. Do you understand such words as "cash flow, assets, liabilities, equity, income, depreciation, goodwill, cost of sales, and working capital?"
20. Do you keep legible notes? Do you pay attention to small details?

If you answered "Yes" to at least 15 of the above questions, you probably have what it takes to be an entrepreneur. As a business owner you will be required to be able to do many different jobs. If you answered "No" to any of the above questions, you should try to improve.



In addition to business related skills there are also some important skills necessary to become a successful medical transcriptionist at home:

1. **Fast typist!** Granted, if you are working at home nobody will really know how fast you are typing (unless it takes you longer than the 24-hour turnaround time to get your work in!). If you want to make more than the minimum wage, it is absolutely essential that you type well. However you will certainly improve with time, so you may be willing to start out slower than you'd like and build from there. You should be very familiar with at least one word processing program (MS Word or Word Perfect). There are many shortcuts possible in terms of formatting that will also help your speed if you knowledgeable about the software. Check out the **Maximizing Keyboard** section near the end.

2. **Know the language!** Or at least be able to learn it! Learning medical terminology is not merely a matter of memorizing a few hundred words - there are literally thousands of words, and they are mostly in Latin, but you do not have to know every single word to be a medical transcriptionist. (This, of course, does not include the thousands of prescription drug names!) But don't panic. By learning the prefixes, suffixes and combining forms of these words through a comprehensive study guide and possibly a local business college course, many people can pick up this new language.

3. **Common sense and patience!** Sometimes doctors will "stumble" over a word, mispronounce it, the tape will skip, and background noise will obscure the word. . . You get the picture. A MT must have the ability to use common sense, tenacity and good detective work to determine the correct word. Many MTs have built a network of other MTs that can be contacted when all else fails. We have often picked up the phone from a harried co-worker to hear, "Can you listen to this and tell me what he is saying?" That's the best resource of all!

In addition to these basics, there are numerous other skills -- sharp listening, the ability to manage your time, confidentiality, the ability to follow through and produce work on deadline and, last but not least, flexibility! In many cases, especially if you are working with a smaller clinic or group of transcriptionists, you may have very little work one day and TONS the next as the doctors get caught up. In the end, though, even these frustrations pale in comparison to waiting in rush-hour traffic - in 100 degree heat - in a suit!

## Time Management

**Here is a list of tips that may help you master time and stress through the day.**

- ☞ Make a list of all the things you need to get done - in order of their priority.
- ☞ Make sure to commit to paper those goals you wish to achieve then follow that up with the Steps you will take to attain them.
- ☞ Always determine a start and end time for special duties or projects.
- ☞ Learn to defer unimportant duties when the day is filled with more pressing ones.
- ☞ Learn to say "No" when you are at the limit of the workload you can reasonably handle.
- ☞ Once you pick up a paper or a file that requires action, act on it, file it or throw it out.
- ☞ Make big projects more manageable by only doing parts of them at a time.
- ☞ When you lose interest in a project you've been working on intently, switch to another one for a while.
- ☞ Make a point of taking a break to refresh yourself as fatigue may make you mistake-prone, causing more work later, or exposing you to more serious consequences.
- ☞ Life is too short to be constantly stressed. When you're worried about something, ask yourself how important it really is in the scheme of life.



**It is most important to learn to take time for yourself** when stressed or to avoid stress. Good health cannot be had for any price; your children only grow up once; and your other loved ones could be taken from you at any time.

## EQUIPMENT NEEDED TO TRANSCRIBE DICTATION

### Hardware:

- ④ IBM compatible computer
- ④ modem (14.4 baud minimum)
- ④ fax machine (or fax modem)
- ④ transcriber with telephone recording jack
- ④ telephone patch cable
- ④ compatible telephone



### • Software:

- ④ Windows '98 Or Higher
- ④ Word Processing Program (Microsoft Word or Word Perfect)
- ④ Electronic Medical Dictionary

### • Reference Books:

- ④ A good medical dictionary (Stedman's or Dorland's)
- ④ Physicians Desk Reference

Most medical transcriptionists today are using word-processing software as their means of transcribing the physicians' dictation onto paper. Word-processing allows for automation of certain aspects of what is being typed or what is to be typed, and also allows for complex manipulation of text once it has been entered. Being adept at using a word-processor and macros (small programs used to repeat actions) can be an integral part of performing transcription quickly but accurately; therefore more efficiently. You use a computer keyboard in the same way that you use a typewriter, only with more efficiency.

The word-processing software runs on a computer, and thankfully this day's computers are very reasonably priced and usually come with excellent warranties if purchased through large retailers.

If your clients are using dictation tapes, you will require a transcribing machine. Transcribing machines are simply machines that play back audiotapes, but with greater control over the speed, and also have functions to help track dictation starting points on the tape, as set by the person when dictating. You may need more than one transcribing machine if you have several clients using different size recording tapes. The tapes can be a standard size, which is the size used commonly for recordings such as music, books-on-tape, etc. The other two sizes are mini and micro; both are used in small hand held voice recorders. Note Mini tapes have recently been being phased out, and are being replaced by the micro-size cassettes.

If your clients prefer dictating over the telephone, you may need to buy or lease a system that takes voice signals from the client's telephone call and compresses them into voice files on your computer. These types of systems afford a lot of control over scheduling and reviewing pending dictation to be transcribed. Companies such as Martel and Lanier offer these types of systems.

Other equipment you may need would be a fax, a small copier, and any other small business machines one might like in their office, including a laser printer or bubble-jet printer, and even a color printer. There are "all-in-one" units available now that are comprised of a fax, color or black and white printer; photocopier and some even include scanners for scanning text and images into your computer. These units are a very economical choice for a home-based small business.

## **DIGITAL DICTATION & TRANSCRIPTION - What You Need to Know** *(Hold down your Control Key to follow the Hyperlinks)*

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**If you are a Medical Transcriptionist, you no longer can afford to ignore** the slow but sure move away from tapes as a medium used for recording dictation. Although many, many physicians are still using tapes to record their dictation, it becomes more obvious daily that there also are more physicians using digital voice recorders to hold their dictation. There are obvious benefits to using the digital format for recording such as: being able to use a small handheld voice recorder; larger capacity recording time due to the various, but similar, types of storage methods used; better features on voice recorders such as separate directories, so, for instance, urgent dictation, chart dictation, personal dictation, medicolegal dictation, etc., may be separated for ease of access. The audio quality is usually superior to tapes. (This is especially important in light of the fact that most physicians think recording tapes last forever and rarely toss them out without a fight, as many veterans MTs will attest.)

### **How does digital dictation work?**

**The process begins when your client dictates** into a digital voice recorder, much the same way s/he would dictate into any handheld voice recorder. When finished, s/he simply uploads the files from their digital recorder into their computer. To upload the files from the recorder, the recorder is connected to the computer with a USB cable, usually included with the digital recorder at time of purchase. At this point, software either included with the digital recorder or other software recognizes there has been a connection made and a window will pop up asking the user where the files should be saved. Your client saves the files to the directory of their choice. Once the files are uploaded to the computer, the process is finished and the connection can be removed. The client then opens their e-mail program and prepares a message to send to his/her transcriptionist and, using the "attach a file" feature available in most e-mail programs, attaches the digital files that were just uploaded and saved from their handheld recorder to a directory on their computer. The e-mail is then sent to the transcriptionist with the file attached.

**It is very important to note** that each and every e-mail, especially those containing a digital file whose contents are personal and confidential health information on individuals, should only ever be sent by encrypted e-mail. If you do not encrypt e-mail that includes private patient health files, it makes the e-mail a possible target for hackers who may intercept and open the e-mail.

Once intercepted, the hacker may use the contents somehow to their advantage, i.e., to embarrass the physician and/or transcriptionist, citing their lack of concern about privacy, or use the private patient information for personal, financial, or other gain. If you do not want to risk your reputation or that of your client, and want to ensure that a patient's health records are always protected in transit, you have to use e-mail encryption. We recommend "CenturionMail" because it is the simplest encryption program to use, is HIPAA compliant, and sells for an unbelievably low price.

**When the medical transcriptionist receives an encrypted e-mail**, the file is opened and then brought into your PC transcription system using software like that included with the WAVpedal system.

The MT may convert the digital file to any number of many formats, but the most popular one that most MTs use or convert to is the "wav" format, as in "filename.wav" In conjunction with the software the MT can then manipulate the digital voice file with the WAVpedal foot pedal. From there, everything works just as it does on a regular tape transcriber. The foot pedal controls movements through the voice file just like moving through a conventional tape. The software includes features not found on a tape transcriber machine, including being able to move immediately to certain points in the dictation with no time delay and usually far greater control over the speed of the playback. After finishing transcribing the files, the MT simply e-mails the finished reports, as an attachment (digitally signed and encrypted, of course), back to the physician's office for filing or printing there.

That is the process generally, and some things may differ according to the type of system, recorder, and software, being used. The point we want to make is that it is not a difficult process. It is efficient, secure, and easy to get started. It will allow MTs to receive work from larger companies who are always looking for MTs to do work from home. These MTs will need to be familiar with the digital process.

### **What do I need to transcribe digital dictation files?**

You will need a special foot pedal required to manipulate digital files, such as the WAVpedal software and foot pedal (sold together and sold in The Medword Online Store). Your physician client will need a digital recorder. If you use the WAVpedal system, the brand of digital recorder does not really matter. To use the special foot pedal required to manipulate digital files, you will need to have a computer with an available USB port or serial port connection. Most new computers come with at least one serial port connection and one USB connection - some come with two or more USB connections. Almost every computer comes with a serial port connection at the very least, even very old computers. (You should know that there are converter cables that will convert a serial connection to a USB connection, and ones that convert a USB connection to a serial connection, if that will help in your situation. Visit your local computer store for help.) You also need an Internet connection, telephone or cable, and an e-mail account. Lastly, you need to have a software program to open and manipulate the digital files. Please realize that to manipulate the digital files, you need a foot pedal that connects to your computer. (A foot pedal that comes with a tape transcriber *will not work*.) The WAVpedal foot pedal and software package that Medword recommends and sells fulfill these two last, but very important, requirements. You also have a choice of ordering the WAVpedal with a serial connection or USB connection. There are other foot pedals available on the market that do much the same thing as the WAVpedal system. The Express Scribe free software system works with a different kind of pedal, as is recommended on their web site, and also works with loads of other programs. Visit <http://www.aaaprice.com/inusb.html> to learn more - this is the cheapest site for the Express Scribe foot pedal that I've found. It's not necessary to buy one however, as the program uses hot-keys.



## **What does my client (physician) need?**

All your client needs is a digital voice recorder and, ideally, a computer with Internet connection and e-mail account.

**If your client *does not have a computer*** or cannot or will not e-mail her/his digitally recorded dictation for some reason, there is still a way for you to transcribe it. Your client will need to send you the "memory stick" or "smart card" or whatever storage medium is used in their particular recorder, from their recorder with the completed dictation on it. (Some basic recorders do not have removable media, so if your client does not have a computer or does not want to e-mail the files, be sure s/he buys a digital recorder with removable media.) If the client sends the dictation to you this way, they will need one or more additional memory sticks or cards for their digital recorder to use while you are working on the files on the one you were sent. Also, if your client sends you a memory stick or smart card, you will need a special adaptor to plug into a USB port on your computer, so you can access the memory card or memory stick. The kind of adaptor you need depends upon the type of digital media their recorder uses. Unfortunately, using the digital recorder files this way is really just substituting digital media for tape media. You will still have to deal with pick-up and delivery of the media, as you did with tapes. Unfortunately, one of the best features of digital dictation is the ability to e-mail it instead of physically send it, but at least you will have the benefit of other features of digital files during transcription.

**This is the future of MT** and if you are not actively looking into this type of system you may miss out on opportunities to engage new clients or perform transcription on a contract basis for others. It doesn't cost much, it's easy to install, and a lot of physicians/dictators really like it. If you are an independent contractor (IC), a good method of introduction to this system of dictating is to provide your client with a digital voice recorder (just on-loan while they are your client, of course) and you should find their acceptance of the new technology and procedures to be more positive.

## START YOUR REFERENCE LIBRARY

Even experienced MTs refer to their reference books often. After years of transcription, we still come up against "new" terms almost daily. In addition to your style manual, the following books are the backbone of a good medical reference library. An online auction like EBay is really a great resource for any books, equipment, etc.

	<b>Recommended</b>	<b>Best on a Budget</b>
<b>Medical Word Book</b>	<a href="#">The Medical Word Book</a> <a href="#">Medical Abbreviations and Eponyms</a>	
<b>Drug Book</b>	<a href="#">The Quick Look Drug Book.</a> <a href="#">The American Drug Index</a> The Monthly Prescribing Reference. \$45/yr for MT's. Phone 800-436-9269.	<a href="#">PDR Pocket Guide to Prescription Drugs</a> <a href="#">RX List.com</a> . Searchable drug database online.
<b>Medical Dictionary</b>	<a href="#">Dorland's Medical Dictionary</a>	<a href="#">Stedman's Concise Medical Dictionary</a>

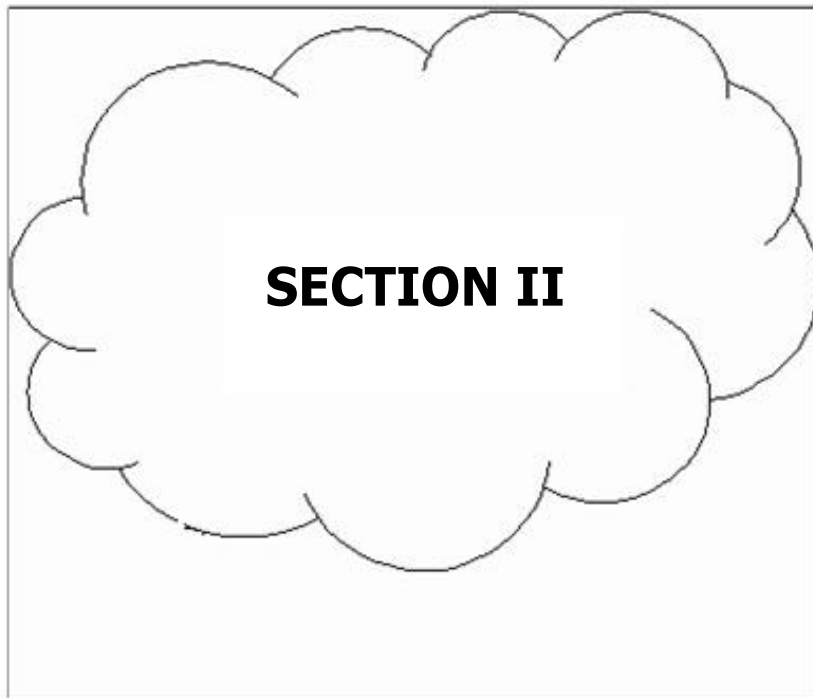
## WHAT COMPANIES PUBLISH OR SELL USED MEDICAL DICTIONARIES, WORD BOOKS AND CDS?

- ③ Online auctions such as Ebay.com or half.com sell various used medical dictionaries and publications.
- ③ Refer to the [MTDaily.com/bookstore](http://MTDaily.com/bookstore) for reference book needs at discounted prices.
- ③ Both the [MTDaily.com](http://MTDaily.com) Classifieds and the [MTDaily.com](http://MTDaily.com) Bargain page have used books at reasonable prices.
- ③ Paul Norton sells and buys used MT books, [pnorton1@twcny.rr.com](mailto:pnorton1@twcny.rr.com), 800-628-8477.
- ③ American Association for Medical Transcription. <http://www.aamt.org> 800-982-2182, Book of Style and word books.
- ③ Health Professions Institute, <http://www.hpisum.com/enterhpi.html>, Box 801, Modesto, CA 95353, 209, 551-2112, [hpi@ainet.com](mailto:hpi@ainet.com), word books and more.
- ③ Stedman's of Lippincott Williams and Wilkins, <http://www.wilkins.com>, 800-638-3030, 301-714-2300, Fax: 301-824-7390, P.O. Box 1600, Hagerstown, MD 21741, word books and dictionary.



**Business on a Shoestring:** Here is a great start-up basic transcriptionist office set-up, Prices are for NEW, but EBAY would be an excellent source to save even more \$\$!

Software	Comments	Approx. Cost
MS Word or WordPerfect	Word Processing Software (Probably not necessary if you have a newer computer - most come bundled with MS Word or Word Perfect already included)	100
Medical/Pharmaceutical Spell-Checker	Medical/Pharmaceutical Spell-Checker	10 & Up
<b>Hardware</b>		
<a href="#">Panasonic RR-930 Micro</a> Transcriber	Skip the headset - it is very uncomfortable and bulky. Instead, pick up a lightweight headset at Radio Shack for less \$\$.	125
<a href="#">NEC Superscript 870</a>	Good quality, inexpensive laser printer (An ink-jet printer will NOT be sufficient for work, but you can use it for practice if you already own one.)	300
<b>Reference</b>		
A Medical Word Book or List	The most well-worn book in our library. No definitions, but over 1300 pages of words, abbreviations etc.	
MOSBY'S Medical Encyclopedia	A great basic with lots of full-color illustrations.	\$20
<a href="#">The AAMT Book of Style</a>	Another must-have. Answers all of the common and not-so common formatting issues.	\$50
Stedman's Medical Dictionary.	Medical Dictionary	35
<b>Total</b>		<b>570</b>
<b>Upgrading your office - totally useful but probably optional tools</b>		
<a href="#">Medical Phrase Index: A comprehensive reference to the terminology of medicine</a>	Wish we had this when we were starting out. Indispensable.	60
<a href="#">Dorland's Medical Dictionary</a>	A little pricier than a regular one, but this is the one that the medical pro's use.	48
<a href="#">Dell</a> - refurbished computers.	If you don't own a system, or yours is pretty antiquated, find some bargains here on refurbished top-of-the-line models (with 3-year limited warranty)	from \$500 or so and up
<a href="#">Dell computer</a> - new.	400 MHz, 64 MB 100 MHz SDRAM, 15" monitor. <b>Includes MS Word '2000.</b>	\$699



**GET A JOB!**

**JOB LISTS**

**NATIONAL TRANSCRIPTION COMPANIES**

**COMPANIES THAT HIRE NEW MEDICAL  
TRANSCRIPTIONISTS**

**SAMPLE CONTRACTS**

The following is a sample of a resume that a candidate would use after following these guidelines, and perhaps picked up some mentoring and a community college level medical transcription course along the way.

Jane Doe  
1234 Any Street  
Any town, NM  
00000  
(555) 555-5555

**Objective:** Entry-level home-based medical transcriptionist. Willing to train in-house and test for proficiency.

**Home office includes:**

(This indicates that you are serious about pursuing a career in this field, that you have trained, and that you are already set up to handle work immediately).

**Hardware:** Computer with 80G hard drive, HP 5P Laser printer. Panasonic transcription machine. **Software:** Windows XP, Microsoft Word 2003, Stedman's Medical and Pharmaceutical Spellchecker, unlimited Internet access, fax modem.

**Reference library includes:** PDR, Dorland's Medical Dictionary, The Merck Manual, The Word Book and the Surgical Word book.

**EXPERIENCE:**

**March 1999 - August 1999** (The name of your business)

Any town, NM  
(555) 555-5555

Transcription of practice tapes to proficiency level.

(If you had a "mentor" medical transcriptionist who checked your work, be sure to list them here)

**Related Experience:**

(Be sure to list any secretarial or medical-related job experience here)

**EDUCATION:**

January 1999 - April 1999 Any town Community College Medical Terminology  
GPA: 4.0

**Skills:**

Basic medical and pharmaceutical terminology.

Typing speed: 85 wpm.

**Other Experience:**

(Include previous work history, but don't go back too far - it's not important. Keep it short and sweet, preferably 1 - 2 jobs, 1 - 2 lines each).

References: Available on request.

Get your resume together, and then submit it online! These sources post hundreds of new medical transcriptionist jobs every week, so be sure to bookmark the following links and check back often!

### **Search for Medical Transcriptionist and other work-at-home jobs:**

Jobs online (<http://www.jobsonline.com>) - Post your resume, research salary information for thousands of jobs. All services are free.

MT Jobs Classifieds (<http://www.mtjobs.com>) - An excellent source for nationwide MT jobs. After you add your resume to their database, you will receive the MT Jobs newsletter, a weekly e-mail of new MT jobs listed for that week.

MT Chat Classifieds(<http://www.mtchat.com/classifieds/hwmt.shtml>) – Another good source for nationwide medical transcription positions.

Monster Board

(<http://jobsearch.monster.com/jobsearch.asp?cy=US&q=medical+transcriptionist&x=75&y=15>)

MT Daily Recruiting Board <http://www.mtdaily.com/mtjobs.html>

Also:

Local classified newspaper listings.

Send resume to local hospital and clinic Human Resource Departments. Be sure to include samples of work that you have completed.

### **The Process:**

There are a few different ways to do medical transcription from your home. Technology allows our generation to do medical transcription from home regardless of where we are located. Below I will explain a few of the different types of processes that you will have the option to choose from.

#### ③ *One-on-one with a physician or multiple physicians*

In this scenario you will most likely be using a micro or standard cassette tape. Basically, the doctor will speak into a tape recorder or dictation machine, and he will record the medical records of the patients that he has seen that day. The transcriptionist is then responsible for retrieving the tape from the physicians office, transcribing it, printing out the information on the appropriate material or paper, and delivering the finished product to the physicians' office within the agreed upon turn-around-time. The transcriptionist would simply use a micro or standard cassette transcriber machine to listen to the dictated tape while typing the information spoken by the doctor. You will typically type the entire tape in one document or file. I recommend using an easy to remember system for saving the documents. I use the initials of the physician and the date.

For example: JD-03-03-07

The example is for a medical record saved as the date of service for John Doe, M.D. on March 3rd. This enables me to track any questions that the physician's office may have. I save the documents for a minimum of six months (although I recommend twelve months) in case the physician has any questions that need to be addressed or needs reprints.

### ③ *Working for a service*

Working for a service has some advantages, however the price per line that you receive is typically much less than when working on your own. Some advantages of working through a service are listed below:

The service is responsible for all contact with the physicians. This includes customer service, billing, etc. The service is typically responsible for all printing. Therefore, you have no printing costs. The service will sometimes provide the transcribing equipment or offer it to you at a low lease rate. If you are afraid to approach physicians for their business, it will be much less intimidating to apply with a service.

### ③ *Working through a local service using the micro cassette system*

If you live in a moderately sized city or in an area with many physicians, there are typically typing services that provide physicians with medical transcription services. You can look in your yellow pages under typing services, transcription services, or even medical transcription services to find out more about the services in your area. This situation would be just like working one-on-one with a physician, except for the fact that you would be retrieving and delivering your information to the transcription service. Often times, you will deliver your work to the transcription service on a disk, and the service will be responsible for printing. In this scenario, the transcription service will often provide you the transcriber machine at a small monthly fee. The service will generally let you know how long you are responsible for keeping the information saved on your computer. The service will probably also have ideas on how they would like for you to develop your file system for saving documents within your particular word processing software.

***Working through a service does not mean that you will be an actual employee. Often to avoid having to pay benefits (social security, Medicare, etc.) the service will hire you as an independent contractor. This means that you will still be responsible for self-employment taxes and other responsibilities of owning your own business.***

### ③ *Working through a service or for a national organization*

Many services provide options that allow transcriptionists to work for them from anywhere without ever leaving their home. This sounds complicated, but the technology that is used for this really is not that difficult to learn. The expense for this technology varies, as each service has different options regarding this aspect. I am going to explain a few of these technology options in order to make you aware of the opportunities offered from these types of services. Some services use a Dictaphone and a modem that will allow you to retrieve and deliver your information without actually leaving your home or office. The Dictaphone is a machine that looks somewhat like an enlarged telephone with extra features. The Dictaphone does require a phone line. There are no physical tapes involved in this system. You use the dictaphone to dial to the information base where there is generally a pool of typing for you to retrieve work from. Often times you will have a code that you will then type in to receive the appropriate work. You have headphones just like a regular transcriber machine that you use to listen to the recorded data. Once you have finished typing your assigned work, you can then use a modem to send the typed product to the service or organization for which you are doing the work.

Another technology that is currently being used is simply plugging a transcribing foot pedal into the sound card on your computer. This option still requires you to have a

Modem and phone line and works much like the Dictaphone in that you can listen to the physician, fast forward, rewind, etc. just as if you were listening to an actual tape. If you live in a remote location, this is definitely the route to take. In this situation, you could use the Internet to do work across the nation without leaving your home. Each service may have somewhat of a different set-up, but do not worry because they will provide you with the information necessary for you to use the appropriate equipment, and let you know what equipment they require in order for you to complete the process successfully.

### ③ *Applying for work with a service*

Often services advertise that they are only interested in those transcriptionists with two years or more experience. Do not let this intimidate you! Fortunately, there is currently such a huge demand for good transcriptionists that it is very likely that you can get work without having actual employee experience as a transcriptionist. However, you do need to be trained and prepared before applying with a service.

If you are applying with a local service, most often the service will have you come into their office to take a short test. This will probably consist of transcribing from a five to ten minute dictated tape. The service will be interested in your spelling, grammar, listening ability etc. They do not expect a newcomer to get everything correct, but are looking for someone that will easily train and fit into their system. Often the service will pay the transcriptionist a reduced rate per line during a "training period".

If you are applying for a position with one of the national services, you will most likely be mailed a "test packet" to be completed within a few days of you receiving the information. Typically, the service will encourage you to use any resources that you have available to complete the tape and test except for another transcriptionist. These would include your terminology book, dictionary, Stedman's software, etc.

Remember in both of these cases that the service is more interested in accuracy than speed. Speed will come with repetition.

#### *Questions to ask when applying with a service*

Does the service consider you as an employee or independent contractor?

Does the service provide employee benefits to full time employees?

How many hours or lines are necessary to be considered full time employees? How is the line count calculated?

What resources will be available from the service?

What is the required turn-around-time on transcription? What rate will you be paid per line?

#### *Printing your typed documents*

Different physicians have different preferences regarding the material that their dictation is printed out on. Most use plain white laser printer paper. However, some use sticky labels that are shaped like the printer paper. You will be able to use the sticky labels in most printers, however, I would recommend checking with the manufacturer of your printer before trying this.



### *Billing for your services*

In some cases, you may be paid a monthly or bi-monthly salary for your transcription service. However, in most situations, you will be responsible for billing the service, medical organization, or physician for the work that you have completed each month. The traditional way to do this is to bill by the line for the work that you have completed.

I recommend using a line count program for this, especially one that comes with a combined invoice program.

### *Tape Schedules/work turn-around time*

If the type of transcription you choose to do requires tapes, then you will have to agree upon a tape pick-up schedule with which you are working. Your tape pick-up schedule will depend on the agreed upon turn-around-time. If you have a 24-hour turn-around-time, then you will probably pick up tapes each day. However, many physicians do not dictate daily. Often they will require you to pick-up tapes a couple of times a week. If you are working for more than one physician, I recommend agreeing upon certain days for pick-up for each physician. Therefore, you can pick up tapes on Tuesdays and Thursdays for one physician and Mondays, Wednesdays, and Fridays for the other physician. If you simply wait for the physician to call you for sporadic pick-ups, then you may encounter a situation where you will have no work to do on Monday and Tuesday, but then receive two tapes from each physician on Wednesday. If this happens, you may have a hard time honoring your agreed upon turn-around-time because of the enormous amount of work for that day.

If you are not using tapes, you will still have a required turn-around-time for your work. This simply means the time that you are allowed to get the transcription back to the physician or service for which you are working. Typically, you will have between 24 and 72 hours depending on each particular situation.

## **JOB LISTS AND NATIONAL TRANSCRIPTION COMPANIES (These listings were accurate at the time of writing, however, they are subject to change.)**

### **Job Listings**

- ③ Job Listings and Resumes at MT Daily's MT Jobs, <http://www.mtjobs.com>
- ③ List of Companies by State and City, <http://www.mtdaily.com/mtlist/mtcos.html>
- ③ Company Profiles for MTs, [http://database.mtjobs.com/Find\\_Company/find\\_company.cfm](http://database.mtjobs.com/Find_Company/find_company.cfm)
- ③ Company Profiles for Healthcare Services, <http://www.mtdaily.com/outsource/available/index.html>

- ③ All Freelance, <http://www.allfreelance.com>
- ③ CQI Placement Service, Carolyn Lee, <http://www.angelfire.com/biz/medrec/index.html>, Dallas, 888-735-8999.
- ③ Friends From Home, <http://www.friendsfromhome.com>
- ③ Health Information Jobs, <http://www.gvpub.com/empidx/adindex.htm>
- ③ Home-Based Jobs, <http://www.swiftsite.com/hbesc/med.htm>
- ③ Home Jobs, <http://www.homejobs.addr.com>
- ③ JobFactory, <http://www.i-205net.com/~jobfacto/lists/i1592.htm>
- ③ Monster Board Jobs, <http://www.monster.com>
- ③ MT Connection Placement, Susan Foreman, [MTConnection@yahoo.com](mailto:MTConnection@yahoo.com)
- ③ NationJob, <http://www.nationjob.com/admin>
- ③ Newspaper Job Ads, <http://www.careerpath.com>
- ③ Outsource 2000, <http://www.outsource2000.com>
- ③ Word Processing Jobs, <http://www.gate.net/~gregnn/diana.html>

## National Companies

- ③ AccuStat, <http://www.mtdaily.com/accustat.html>, Wisconsin. Melissa, [accustat@cuttingedge.net](mailto:accustat@cuttingedge.net)
- ③ All Type, Inc., 2202 Route 130, North Brunswick, NJ 08902, 1.800.560.TYPE (8973), 732.422.4242 phone, 732.951.9333 fax, Gerry Kelly, CMT, President, [alltype@injersey.com](mailto:alltype@injersey.com)
- ③ Alphascript, Inc., <http://www.blakeworld.com/alphascript.htm>, 3377 Bethel Road SE, Port Orchard, WA 98366, 360-874-0373, Fax: 360-874-0381, Rachele Blake, [alphaconsult@netscape.net](mailto:alphaconsult@netscape.net)
- ③ America's Transcription Connection, Inc., 80406 Bodine Road, Clatskanie, OR 97016
- ③ Andrews' Transcribing, Inc., Pine West Plaza, Suite 204, Washington Avenue Extension, Albany, NY 12205, 518-464-6700.
- ③ Bureau of Office Services [president@bureauhq.com](mailto:president@bureauhq.com), Rich Piasecki. Burr Ridge, IL: 630-323-2600, FAX: 630-323-2601; Chicago, IL: 312-922-3342 FAX: 312-922-9290; Menomonee Falls, WI: 414-251-7990 FAX: 414-251-6668
- ③ C and C Transcription, Inc., <http://www.cnctranscription.com>, 800-785-2787 or 407-240-3213, Fax 407-438-9782, 5439 Micco Drive, Suite 101, Orlando, FL 32839, [info@cnctranscription.com](mailto:info@cnctranscription.com)
- ③ CapitalMT, LLC, 555 Sun Valley Drive, Suite A3, Roswell, GA 30076. Tel: 770-650-7590. Fax: 770-650-5630. Toll-free: 877-650-9613. <http://www.capitalmt.net>
- ③ CPR Technologies, Inc., [larnone@cpr-tech.com](mailto:larnone@cpr-tech.com), <http://www.cpr-tech.com>, Jennifer Janus, 25129 The Old Road, Suite 303, Newhall, CA 91381, Fax 805, 284-1136, [jjanus@cpr-tech.com](mailto:jjanus@cpr-tech.com)
- ③ CMT Corporation, Evelyn Graham, <http://www.mtdaily.com/outsource/available/messages/44.html>, [egramham@travelin.com](mailto:egramham@travelin.com), 1375 Sutter St #205, San Francisco, CA 94109, 800-656-6848.
- ③ Cobb Medical Transcription, Carol Pelat, <http://www.cobbmt.com>, 5532 Woodside Circle, Montgomery, AL 36117, 334-409-9686
- ③ DataKey, Lydia Clark, [lclark@datakeymd.com](mailto:lclark@datakeymd.com), 211 Chinquapin Round Road, 1912 Forest, Annapolis, MD 21401, (410) 295-1160, Fax: (410) 295-1199
- ③ Dictation Plus, Inc., 1736 E. Sunshine, Suite 70, Springfield, MO 65804
- ③ Digital Transcription Systems, 405 948-9200, Kathy Garber, [kgarber@dtsinc.com](mailto:kgarber@dtsinc.com)
- ③ Diskriter Health Care Solutions and Placement Service, <http://www.diskriter.com/hclds/transcription.html>, 3257 West Liberty Avenue, Pittsburgh, PA. 800, 876-4737, ext 683; fax resumes to 412, 344-4834, [info@diskriter.com](mailto:info@diskriter.com).
- ③ DocuMedX, Seattle, WA, 800 272-5996
- ③ Edix, <http://www.edix.com>, Connie Rottman, Human Resources Manager, EDiX Corporation, 3001 Executive Drive, Suite 370, Clearwater, FL 33762, 800-943-6698, 813-572-5655, Fax 800-905-0086, [recruiter@edix.com](mailto:recruiter@edix.com)

- ③ E-Docs, <http://www.e-docs.net>, 1770 St. James Place, Suite 116, Houston, TX 77056, 713-621-3131. [sales@e-docs.md](mailto:sales@e-docs.md)
- ③ eScribes, <http://www.escribesnet.com>, 27782 El Lazo Rd, Laguna Niguel, California 92677, [kcolburn@escribenet.com](mailto:kcolburn@escribenet.com), 949-362-6540, fax 949-362-7588.
- ③ eTransplus, <http://www.etransplus.com>, 120 Donelson Pike, Suite 202, Nashville, TN 37214, 615-345-9909, [work@etransplus.com](mailto:work@etransplus.com)
- ③ Evans Medical Transcription, Inc., <http://medtype.com>, 2833 South 88th Street, Omaha, NE 68124 1-800-729-8973, [info@medtype.com](mailto:info@medtype.com)
- ③ ExecuMed, Inc., Golden, CO, 800-326-5172, Celeste Royal, [croyal@execumed.com](mailto:croyal@execumed.com).
- ③ Fast Chart, Inc., <http://www.fastchart.com>, 3414 N. Duke Street, Durham, NC 27704, (800) 334-6606
- ③ Fast Transcription, <http://www.fasttranscription.com>, Kelly Fast, Fast Transcription, Inc., 2609 Vail Drive, Quincy, IL 62301, 217-222-7057, Fax 217-222-1057, [info@fasttranscription.com](mailto:info@fasttranscription.com)
- ③ Gerger-Moretti Sten-Tel, <http://www.kalamazoomi.com/gerger/sten-tel.htm>, 151 S. Rose Street, Ste. 920, Kalamazoo, MI 49007, MORT1@NET-LINK.NET, 616-343-0118 or 800-536-0804.
- ③ HealthScribe, <http://www.healthscribe.com>, 403 Glenn Dr. Suite 10, Sterling, VA 20164, 800-550-1438. Robyn Baskot, [rlbaskot@healthscribe.com](mailto:rlbaskot@healthscribe.com).
- ③ Heartland Information Services, <http://www.heartlandis.com>, 3103 Executive Pkwy., Suite 600, Toledo, Ohio 43606, 800 626-3830, 419 578-6300
- ③ Huntington Transcription Services, <http://www.huntingtoncr.com>, 1450 West Colorado Boulevard, Suite 100, Pasadena, CA 91105, 626-792-7250, [htstype@huntingtoncr.com](mailto:htstype@huntingtoncr.com)
- ③ InHealth Transcription Services, Atlanta, GA 30360, 1-800-477-7374 <http://www.inhealthtranscriptions.com>, [humanservices@inhealthrecords.com](mailto:humanservices@inhealthrecords.com), Sam Edelman.
- ③ Intellitype, Los Angeles, 818, 591-7200.
- ③ JLG Medical Transcription Services, 1408 N. Westshore Blvd # 908, Tampa, FL 33607. <http://www.jlgmedicaltrans.com>, [jlgmedicaltranscription@yahoo.com](mailto:jlgmedicaltranscription@yahoo.com), 800-455-0580.
- ③ JYT Transcription, <http://www.mtdaily.com/jyt.html>, Earl Gable, 1664 Cumberland, Aurora, IL 60504, 630-851-8241, [jyttranscription@aol.com](mailto:jyttranscription@aol.com)
- ③ Keystrokes Management Corporation, [keystrok@netwave.ca](mailto:keystrok@netwave.ca), 100 Drumlin Circle, Ste 202, Concord, Ontario, Canada ON L4K3E, 1-888-539-7876
- ③ Lehocki Medical Transcription Service, 3606 Logue Road, Myakka City, FL 34251, 941-322-8303, Blondell Lehocki, [blondell@prodigy.net](mailto:blondell@prodigy.net)
- ③ MAG Mutual Healthcare Solutions, Inc., [recruiter@hsi.magmutual.com](mailto:recruiter@hsi.magmutual.com), 3025 Breckinridge Boulevard, Suite 120, Duluth, GA 30096, 770-931-7700 or 888-249-7870, Fax 770-931-9217, Brenda Brown. [http://www.magmutual.com/html/pracnet\\_sol.htm](http://www.magmutual.com/html/pracnet_sol.htm)
- ③ MDI, Medical Dictation Systems, Inc., <http://www.med-dictation.com/>, 101 Lakeforest Blvd., Suite 330, Gaithersburg, MD 20877, 301-921-2006, Andrea Myers, [andrea@med-dictation.com](mailto:andrea@med-dictation.com)
- ③ MD Medscripts, <http://www.mdmedscripts.com>
- ③ MEDGARDE, <http://www.medgarde.com/>, [service@medgarde.com](mailto:service@medgarde.com), 703-353-5624, fax 354-5634, 5035 Backlick Rd., Annandale, VA 22003.
- ③ Medical INK, Corp., FAX 781-843-8988. Lisa Fazio, [medink@ix.netcom.com](mailto:medink@ix.netcom.com)
- ③ Medicaltranscription.com, Inc., <http://www.medicaltranscription.com>, 973, 948-5151, P. O. Box 6, Layton, NJ 07851, Melinda Decker.
- ③ Mediscribe, 100 Mulberry Lane, Pittsburg, PA 15235-4100, 412, 242-7575; fax 412, 242-6476
- ③ Medquist, <http://www.medquist.com>, Five Greentree Centre, Suite 311, Marlton, NJ 08053, 800-233-3030, (609) 596-8877 Fax (609) 596-3351. See website for regional recruiters' E-mail. Submit resume through website.
- ③ MedRec Resources, Toms River, NJ, [info@medrecresources.com](mailto:info@medrecresources.com) 732, 818-1825.
- ③ Med-Scribe Transcription Services, Inc., Louise Wolkis, R.N., 9 Foxhill Rd., Chestnut Ridge, NY 10977, [medscrib@earthlink.net](mailto:medscrib@earthlink.net), 800-570-1006, Fax 914-352-6091

- ③ MedScribe, <http://www.mtdaily.com/medscribe.html>, Jacksonville, FL, 904 398-0068
- ③ Med-Stat, <http://www.med-stat.bigstep.com>, 320 Carl Ave., Belleair, FL 33756-1045, 727-588-0919, Fax 727-586-2098
- ③ Med-Type, L.L.C., <http://www.med-type.com/>, (615) 331-7299, fax 615-837-9657, 4908 Shasta Drive, Unit B, Nashville, TN 37211, [Info@Med-Type.com](mailto:Info@Med-Type.com).
- ③ MedWare, <http://www.mtdaily.com/medware.html>, 148 State Road 434 West, Winter Springs FL 32708, 800-881-3131, [MedWare@internetMCI.com](mailto:MedWare@internetMCI.com), 800, 881-3131.
- ③ Med-Write, <http://www.medwrite.org>
- ③ Network Health Services, Inc., <http://www.networkhealth.net>, 5301 Virginia Way #250, Nashville, TN 37027, [srhodes@networkhealth.net](mailto:srhodes@networkhealth.net)
- ③ New England Medical Transcription, Inc., Linda Sullivan, [nemt@gwi.net](mailto:nemt@gwi.net), Maine.
- ③ Northwest Transcription Specialists, <http://www.silvercreekmtisc.com>", [sue@northwestmt.com](mailto:sue@northwestmt.com) and [donna@northwestmt.com](mailto:donna@northwestmt.com), 360-675-3844, 877-477-6700 840 SE 8th Ave., Suite 204, Oak Harbor, WA 98277, Donna Hill.
- ③ OmniMed Transcription/Coding, Madison, WI, <http://www.OmniMedinc.com>, 7 Midwest offices, 6602 Grand Teton Plaza, Madison, WI 53719, [omnimed1@omnimedinc.com](mailto:omnimed1@omnimedinc.com), 569-6802, fax resume to 608-276-3767.
- ③ Oracle Transcription, Inc. (OTI), <http://www.oracleti.com>, Rockville, MD, 301-929-9100, fax 301-929-9275, [HR@oracleti.com](mailto:HR@oracleti.com), John Salvatore
- ③ Pacific Coast Medical Transcription, Inc., Bakersfield, CA, FAX (805)323-0737, [pacificmt@aol.com](mailto:pacificmt@aol.com)
- ③ Phoenix MedCom, Inc., <http://www.phoenixmedcom.com>, 3207 Poplar Street, Yorktown Heights, NY 10598, Fax 914-962-2912, [busytran@aol.com](mailto:busytran@aol.com)
- ③ Physicians SData Corporation, <http://www.physiciansdata.com>
- ③ QT Medical, <http://qtmedical.com/>
- ③ Range Medical Transcription, Inc., <http://www.rangemed.com>, 34 South Second Ave., East, Room 208, Ely, MN 55731, 218 365-3500, Fax (218) 365-4757, [transcrib@aol.com](mailto:transcrib@aol.com), Marianne Bitter.
- ③ Rapid Transcript, Inc., <http://www.rapidtranscript.com>, 4311 Wilshire Boulevard #209, Los Angeles, CA 90010, 800-592-4602, 323-964-0400, Fax 323-064-0412, [eauh73a@prodigy.com](mailto:eauh73a@prodigy.com), [ojemi@aol.com](mailto:ojemi@aol.com), [work@rapidtranscript.com](mailto:work@rapidtranscript.com).
- ③ Silent Type, <http://www.silenttype.com>, Marilyn Grebin, [info@silenttype.com](mailto:info@silenttype.com), 460 Bergen Boulevard Suite 302, Palisades Park, New Jersey 07650-2300, 201, 346-5900; Fax 201, 346-5912.
- ③ Total eMed, <http://www.totalemed.com>, 720 Cool Springs Blvd., Ste 200, Franklin, TN 37067, 615, 261-1500
- ③ Transcend Services, <http://www.transcendservices.com/>, 3353 Peachtree Road, Suite 1000, Atlanta, GA 30326, 800, 225-7552, Fax 404, 364-8009.
- ③ Transcription Solutions, Inc., TSI, <http://www.mtdaily.com/tsi.html>, Houston, TX; 888, 454-4560, Fax 281-454-4093, [Athomas414@aol.com](mailto:Athomas414@aol.com).
- ③ Transolutions, Brenda Drake, [bdrake@transolutions.net](mailto:bdrake@transolutions.net), 18 N. Waukegan Rd., Ste. 100, Lake Bluff, IL 60044, 888-286-8340, Fax 847-234-3471.
- ③ Western Medical Management, <http://www.westmed.com>, Doug Meier, WY, [email@westmed.com](mailto:email@westmed.com),
- ③ Worldwide Dictation, <http://www.WorldWideDictation.com>, Northway Medical Center, 944 N. Broadway, Yonkers, NY 10701, Doug Ofner, [dofner@worldwidedictation.com](mailto:dofner@worldwidedictation.com), 800, 442-5993
- ③ Your Office Genie, 2620 S. California Avenue, Monrovia, CA 91016, 800 743-6433, [RSmith@YOG-net.com](mailto:RSmith@YOG-net.com)

## WHAT COMPANIES HIRE NEW MTS?

- ③ AccuScribe Transcription Services, 2000 Green Rd., Ste. 100, Ann Arbor, MI 48105. 734-995-8399, ex. #137. Bernard Orgovan, Director of Education and Employment. borgovan@epmgpc.com
- ③ MedWare, Emergency Room Transcription, Karen Dual, Director of Human Resources, 1-800-881-3131. Don Flannery, MedWare@internetMCI.com
- ③ Medi-Scribe, <http://www.medi-scribe.net> P.O. Box 31651, Walnut Creek, CA 94598, 925-689-2617, carolrowan@medi-scribe.net. Carol Rowan
- ③ TransQuick (Rodeer). Atlanta and Phoenix areas, local. 4848 Riverdale Rd, Atlanta, GA 30337, 770 991 2220
- ③ Rapid Transcript, 800-592-4602 or 213-964-0400 (ask for Ora or Cris), Fax 213-964-0412. 4311 Wilshire Blvd. #209, Los Angeles, CA 90010-3716, Attn: Resource Management. ojemi@aol.com or eauh73a.prodigy.com
- ③ InHealth Transcription Service, <http://www.inhealthtranscriptions.com>; Atlanta, GA, Samuel Edelman, 1-800-477-7374 Fax: 770-394-2183. New MTs are only hired locally in Atlanta.
- ③ AG\*MTS, <http://www.agmts.com>, (California only), Arlean Guerrero, arleang@aimnet.com, 408-723-6050, FAX 723-6831.
- ③ Also see list of MT companies by city, <http://www.mtdaily.com/mtlist/mtcos.html>.



## **SAMPLE CONTRACT (1)**

To be used between the Transcriptionist and the Physician or other client,  
such as a health clinic.

Professional business people usually use contracts to define their relationship with a client. This can sometimes prove costly for the independent transcriptionist. The next two pages have sample contracts that you may find useful for your situation.

The first contract is to be used between the Transcriptionist and the Physician or other client, such as a health clinic, is good in that it addresses confidentiality and the matter of file storage and handling on your computer. (See Clause 2). It also discusses rate of pay and loaned equipment responsibilities. It has many areas that you can easily change or delete to suit your own circumstances.

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*Errors & Omissions Excepted*

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*Please use at your own risk or contact a lawyer for professional advice.*

Transcriptionist-Physician (or other Client) Contract [Name  
of Transcriptionist's Company]  
[Transcriptionist's Address]  
[Transcriptionist's Phone Number]

This completed document forms a contractual agreement between:

\_\_\_\_\_, referred herein as the Transcriptionist, doing business  
at \_\_\_\_\_, and \_\_\_\_\_ herein referred to as the  
Client, doing business at \_\_\_\_\_.

The parties named herein desire a contractual business arrangement regarding the transcription of medical dictation and hereby agree:

- 1) Supplies provided to the Transcriptionist by the Client that is a necessary Requirement for the completion of work must be ordered by the Transcriptionist from the Client in a timely fashion such that the Transcriptionist will not be without said necessities. If not supplied by the Client, the Transcriptionist is responsible for any supplies and equipment necessary to perform the contracted work.
- 2) The Transcriptionist agrees that patient and client confidentiality are of utmost importance. No work performed by the Transcriptionist for the Client will be disposed of without first shredding said documents. The Transcriptionist will set-up files and directories on computer(s) in such a way as to prevent unauthorized viewing, deleting, or copying. Said computer(s) will also be configured to prevent unauthorized use and will also employ security devices to prevent theft of said computer(s). No work shall be sent from the computer without it first being encrypted using a minimum of 128 bit encryption. No patient or client names will be stored by the Transcriptionist in any form of database for use after termination of this contract. Regular back-ups of Client work will be made in order not to forever lose the transcribed work.
- 3) Payment to the Transcriptionist by the Client will be for completed work only. Payment will be made on a per-line basis at a rate of 0.\_\_\_\_ per line with said line being 65 characters per line. Rush order payments will be the per-line rate plus 15% of the per-line rate.
- 4) Invoices for payment for completed work will be submitted to the Client on the 14th (fourteenth) and 28th (twenty-eighth) day of each month with the Client providing payment within 5 (five) days of submission of said invoice.
- 5) Upon dissolution of this agreement, for whatever reason, machines, supplies, or Equipment loaned to the Transcriptionist by the Client will be returned to the Client or the replacement cost of said machines, supplies, or equipment will be deducted from outstanding monies owed by the Client to the Transcriptionist. Should outstanding monies be insufficient to replace said unreturned machines, equipment, or supplies, the Client may still seek satisfaction by legal means.

- 6) The Client's name, logo, trade-mark or trade-marks, letterhead, and any other intellectual property of the Client shall remain exclusively as the Client's. The Transcriptionist may only make use of these properties when performing work for the Client.
- 7) The Client and Transcriptionist must give written notice of at least 14 (fourteen) days of their desire to dissolve this contract. All outstanding work, finished work, loaned equipment, machines, or supplies, will be returned by the Transcriptionist on the last day or prior to the last day of notice. Within the life of the notice period, the Transcriptionist will perform in accordance with this contract. Any substandard performance or inability to complete the Client's work by the Transcriptionist in a timely fashion may result in the Client waving the notice period. Any costs associated with premature dissolution of this contract in this regard, such as hiring another transcriptionist on short notice or at a higher rate, may be deducted from the Transcriptionist's final payment.
- 8) Breach of any part of this contract by either party could result in the termination of this contract by the offended party. All normal clauses pertaining to dissolution of this agreement would then come into effect.

The Client, \_\_\_\_\_, agrees to honor and completely understands this contract, as confirmed with the Client's signature below.

{ \_\_\_\_\_ }  
Client or Authorized Person}

{ Signed this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_. }

{ \_\_\_\_\_ }  
Transcriptionist or Authorized Person}

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## **SAMPLE CONTRACT (2)**

To be used between Transcriptionist (or Contractor), and the Subcontractor (or other transcriptionist or transcription company)

This contract is to be used between the Transcriptionist (or Contractor), and the Subcontractor (or other transcriptionist or transcription company) allows you to agree on some simple rules when having someone else do transcription jobs for you or your company. This sample contract is good in that it addresses confidentiality and the matter of file storage and handling on your computer. (See Clause 4). It also discusses rate of pay, how you are to be paid, how you are going to pay the Subcontractor, and even discusses rules on loaned equipment responsibilities. There is also an agreement on what you can do if the work you are subcontracting stops being given to you. It has many areas that you can easily change or delete to suit your own circumstances.

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Transcriptionist (Contractor) -  
Subcontractor (other Transcriptionist or company)  
[Name of Contractor's Company]  
[Contractor's Address]  
[Contractor's Phone Number]

This completed document forms a contractual agreement between: \_\_\_\_\_,  
Referred herein as the Subcontractor, doing business at  
\_\_\_\_\_, and the Contractor above so named.

The parties named herein desire a contractual business arrangement regarding the transcription of medical dictation and hereby agree:

- 1) Supplies provided to the Subcontractor by the Contractor that are a necessary requirement for the completion of work must be ordered by the Subcontractor from the Contractor or Contractor's client in a timely fashion such that the Subcontractor will not be without said necessities.
- 2) The Subcontractor is responsible for any supplies and equipment necessary to perform the contracted work. Furthermore, the Subcontractor is responsible for the upkeep of any machines or other equipment required to complete work and shall not let machines or equipment fall into disrepair, thereby affecting the Subcontractor's ability to perform work in the agreed manner and time.
- 3) The Subcontractor may only communicate with the Contractor's client in matters regarding the actual Work of transcribing dictation for said client and may not communicate with said client regarding any matters concerning billing, pricing, or any other matter not pertaining to said work. In all communication with the Contractor's client, the Subcontractor shall identify themselves as agents of the Contractor and may not identify themselves as independent agents having their own business.
- 4) The Subcontractor agrees that patient and client confidentiality are of utmost importance. No work performed by the Subcontractor for the Contractor may be disposed of without first shredding said documents. The Subcontractor will set-up files and directories on computer(s) in such a way as to prevent unauthorized viewing, deleting, or copying. Said computer(s) will also be configured to prevent unauthorized use and will also employ security devices to prevent theft of said computer(s). No work shall be sent from the computer without it first being encrypted using a minimum of 128 bit encryption. No patient or client names will be stored by the Subcontractor in any form of database for use after termination of this contract. Regular back-ups of Contractor's Clients' work will be made in order not to forever lose the transcribed work.
- 5) Payment to the Subcontractor by the Contractor will be for completed work only. Payment will be made on a per-line basis at a rate of 0.\_\_\_\_ per line with said line being 65 characters per line. Rush order payments will be the per-line rate plus 15% of the per-line rate. Any monetary penalties for late work imposed by the Contractor's client will be passed-on to the Subcontractor responsible for completion of that client's work, if the Subcontractor is responsible for said late work. The Subcontractor will have special labels on-hand at all times, of the type specified by the Contractor, should labels be required as part of completing work. The Subcontractor shall purchase these labels.
- 6) Invoices for payment for completed work must be submitted to the Contractor on the \_\_\_\_\_ 14th (Fourteenth) and 28th (twenty-eighth) day of each month. The Subcontractor must provide a separate invoice for each of the Contractor's clients with proof of work performed. The Contractor will pay the Subcontractor within 7 (seven) days of the Contractor being paid by the Contractor's client, except for weekends, holidays, and Acts of God.
- 7) Upon dissolution of this agreement, for whatever reason, machines, supplies, or equipment loaned to the Subcontractor by the Contractor, or the Contractor's client, must be returned to the Contractor or the replacement cost of said machines, supplies, or equipment will be deducted from outstanding monies owed by the Contractor to the Subcontractor. Should outstanding monies be insufficient to

replace said unreturned machines, equipment, or supplies, the Contractor may still seek satisfaction under local laws and statutes of the Contractor's business domicile, or Subcontractor's business domicile, at the discretion of the Contractor.

- 8) At no time within 2 (two) years of termination of this contract may the Subcontractor approach or perform work for the Contractor's client in any form or manner, unless dealing with the Contractor as an agent. The Subcontractor may not accept any offer of work made by a Contractor's client, nor offer to provide services to a Contractor's client, either directly or by any other method or means, intended or unintended, that would disguise the client's identity, the Subcontractor's identity or would somehow obfuscate the relationship. No such relationship, including the Subcontractor working through or with another subcontractor, shall be allowed.
- 9) The contractor's name, logo, trade-mark or trade-marks, letterhead, and any other intellectual property of the Contractor shall remain exclusively as the Contractor's. The Subcontractor may only make use of these properties when acting as an agent of the Contractor. The Subcontractor may not act in such a way as to have others perceive them as actually being the Contractor and may not employ any device that would allow the Subcontractor to benefit from the Contractor's reputation.
- 10) The Contractor and Subcontractor must give written notice of at least 14 (fourteen) days of their desire to dissolve this contract. All outstanding work, finished work, loaned equipment, machines, or supplies, must be returned by the Subcontractor on the last day or prior to the last day of this notice. Within the life of the notice period, the Subcontractor is still bound to perform in accordance with this contract. Any substandard performance or inability to complete Contractor's clients' work by the Subcontractor in a timely fashion may result in the Contractor waiving the notice period to save the Contractor's good business name. Any costs associated with premature dissolution of this contract in this regard may be deducted from the Subcontractor's final payment.
- 11) Breach of any part of this contract could result in the termination of this contract by the Contractor without notice to the Subcontractor. All normal clauses pertaining to dissolution of this agreement would then come into effect.
- 12) The Contractor reserves the right while under contract with the Subcontractor, and without formal notice, and without any explanation, to change or remove the Contractor's clients for whom the Subcontractor is performing work.
- 13) The Contractor cannot guarantee the quantity of work to be sent to the Subcontractor. The Subcontractor understands that the Subcontractor/Contractor relationship may depend in whole or in part on the relationship between the Contractor and the Contractor's client and understands fully therefore that loss of the client's work to the Contractor will be regarded by both parties as good and sufficient reason to thereby terminate the contract between the Contractor and Subcontractor.

The Subcontractor, \_\_\_\_\_, agrees to honor and completely understands this contract, as confirmed with the Subcontractor's signature below.

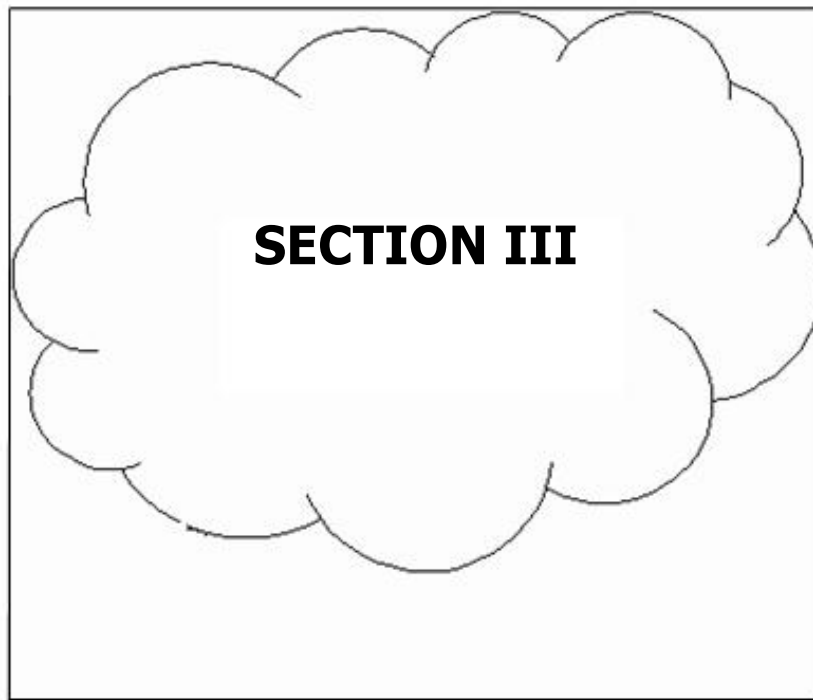
}  
\_\_\_\_\_ }

Subcontractor or Authorized Person }

} Signed this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

}  
\_\_\_\_\_ }

Contractor or Authorized Person }



**WHERE TO FIND NEW MEDICAL TERMS FOR MTS  
ON THE WEB**

**WHERE TO BUY PRACTICE DICTATION TAPES**

**WHERE TO FIND PHYSICIANS' NAMES  
AND ADDRESSES**

**WHERE TO FIND PRACTICE TESTS ON THE WEB**

**LIST OF DIFFERENT TRANSCRIPTION SOFTWARE  
PROGRAMS**



## WHERE TO FIND NEW MEDICAL TERMS FOR MTS ON THE WEB

- ③ HPI's Current Terms, every two weeks,  
<http://www.hpisum.com/terms/terms.html>.
- ③ MT Daily Word Board, <http://www.mtdaily.com/board>
- ③ Johns Hopkins Resources, <http://www.intelihealth.com/IH/ihtIH>
- ③ MTDailyLinksBoard, <http://www.mtdaily.com/mentors/links>.
- ③ MT Universe Links, <http://www.mtuniverse.com>.
- ③ Center Watch Clinical Trials, <http://www.centerwatch.com/drugs/DRUGLIST.HTM>.
- ③ NMTC Listserv Archives,  
<http://maelstrom.stjohns.edu/CGI/wa.exe?A0=nmtc&D=1&H=0&O=T&T=1>
- ③ Rx List, <http://www.rxlist.com>.
- ③ Yahoo By Specialties, <http://dir.yahoo.com/health/medicine/>.
- ③ Taber's Online Dictionary,  
[http://www.intelihealth.com/IH/ihtIH?t=8805&p=~br,AOL|~st,408|~r,WSAOL002|~b,\\*|](http://www.intelihealth.com/IH/ihtIH?t=8805&p=~br,AOL|~st,408|~r,WSAOL002|~b,*|).

## WHERE TO BUY PRACTICE DICTATION TAPES

- ③ JLM Transcribing, <http://www.jlmtrans.qpg.com/>, 3000 Blaisdell Avenue, #116, Redondo Beach, CA 90278, [jlmtranscr@aol.com](mailto:jlmtranscr@aol.com)
- ③ Meditech, Inc., <http://www.meditec.com157> Kaysville, UT 84037, 801, 451-9848, Jari Davis, Interview, 11/98.
- ③ Precisely Write tapes: <http://www.preciselywritecorp.com/mtaids.html>
- ③ The SUM program, <http://www.hpisum.com/mtt/mttintro.html>, from HPI, Health Professions Institute, Box 801, Modesto, CA 95353, 209, 551-2112, [hpi@ainet.com](mailto:hpi@ainet.com)
- ③ AAMT, The American Association for Medical Transcription,  
<http://www.aamt.org/aamt>, [aamt@sna.com](mailto:aamt@sna.com), P.O. Box 576187, Modesto, CA 95357-6187; 800, 982-2182. Fax: 209, 551-9317.

[www.medical-transcription-practice-tapes.com](http://www.medical-transcription-practice-tapes.com)

## WHERE TO FIND PHYSICIANS' NAMES AND ADDRESSES

<http://www.calladoctor.net>  
<http://www.cybermeddirectory.com>  
<http://www.docsearch.com>  
<http://www.doctordirectory.com>  
<http://www.doctorpage.com>  
<http://www.doctorinfoseek.com>  
<http://www.doctorswhoswho.com>  
<http://www.1-800-doctors.com>  
<http://www.good-doctor.com>  
<http://www.hospitaldirectory.com>  
<http://www.md4me.com>  
<http://www.medlocator.com>  
<http://www.medavenue.com>  
Doctor's Yellow pages - <http://www.medna.com>  
<http://www.mydoctor.com>  
<http://www.worldmedics.com>  
<http://www.medicalresourcesusa.com>  
ZipMed Medical Yellow Pages - <http://www.zipmed.com>  
AMA Physician Search, <http://www.ama-assn.org/search/search.htm>.  
Doctor Directory, <http://www.doctordirectory.com>.  
The Big Book, <http://www.bigbook.com>.  
Zip Codes [http://www.usps.gov/ncsc/lookups/lookup\\_zip+4.html](http://www.usps.gov/ncsc/lookups/lookup_zip+4.html).  
The Little Blue Book, \$17.50, <http://www.thelittlebluebook.com/main.html>.  
Physician.Com, <http://www.physician.com>



## WHERE TO FIND PRACTICE TESTS ON THE WEB

- ③ Typing Speed Test, <http://www.careerstep.com>
- ③ Dictated Words Test, <http://www.transcribeposton.com/Test.htm>.
- ③ Comprehensive Skills Assessment, <http://www.meditec.com>
- ③ Transcription Tests for Jobs, <http://www.gn-t.com>

## LIST OF DIFFERENT TRANSCRIPTION SOFTWARE PROGRAMS

- ③ Neoforma List of dictation programs, <http://www.neopharma.net/29.html>.
- ③ ChartScript, Softmed, <http://www.softmed.com>, (also see Innovative Health Systems, <http://www.ins.com>, 1-800-695-4447), 6610 Rockledge Drive, Suite 500, Bethesda, MD 20817-1809, 301-897-3400, fax 301-897-3409, [support@softmed.com](mailto:support@softmed.com).
- ③ Eloquently Stated, <http://www.eloquentlystated.com>, 205 Worth Avenue, Suite 308, Palm Beach, FL 33480 USA, Phone: 561.835.4900, Toll Free: 1.800.245.2133, Fax: 561-835-4901, [es@eloquentlystated.com](mailto:es@eloquentlystated.com)
- ③ MedPen and MedPad, automated formats, line counter, and more <http://www.med-pen.com>, 800-579-4300, Fax 727-579-4300, [medpen@ibm.net](mailto:medpen@ibm.net), 3131 Emmaus Way, Cosby, TN 37722.
- ③ MedRite, Crescendo, <http://www.crescendo.ca>, 5305 Notre Dame West #200, Laval, Quebec, Canada H7W 4T8, 1-800-724-2930, 450-973-8029, Fax: 450-973-4449, [support@crescendo.ca](mailto:support@crescendo.ca).
- ③ Mediscribe, HealthCare Technologies, Inc., 2820-B Lassiter Road, Suite 200, Marietta, GA 30062, <http://www.hti2000.com/index.htm>, 770-640-1220, Fax: 770-640-1102, [HealthCare@HTI2000.com](mailto:HealthCare@HTI2000.com).
- ③ Medword, Lanier, <http://www.lanier.com/healthcare/docutivity/medword.html>, 800-708-7088, or 800-526-4371, Fax: 1-800-252-9703, Lanier Inquiry Services, P.O. Box 785, Dayton, OH 45401.
- ③ NetRemote, Med-Tech, <http://www.mtri.com>, MED-TECH Resource, Inc., 1700 Cumberland Point Drive, Suite 1, Marietta, Georgia 30067, 1-800-538-7498, 770-955-7292.



## **SECTION IV**

### **BASIC TIPS FOR MEDICAL TRANSCRIPTION**

- 👁️ **Grammar, Punctuation, Capitalization, Numbers**
- 👁️ **Make sure your transcriber is in good repair**
- 👁️ **Make sure you are comfortably seated.**
- 👁️ **Try and make your work environment quiet.**
- 👁️ **No guessing**
- 👁️ **Maximizing Keyboarding**
- 👁️ **Get rid of “rodents”**
- 👁️ **Using short cut keys**
- 👁️ **Transcribing Homonyms and similar-sounding words.**



## **GRAMMAR PREFERENCES**

**(Capitalization, Numbers, Punctuation, Abbreviations and Symbols)**

Each healthcare facility has a process by which the style for its transcribed medical records is set. Usually this process involves the Medical Records Committee (comprised of appointed members of the medical staff) together with representatives from both the medical records department and hospital administration. The rules shown in this chapter are general rules that are accepted by most healthcare facilities. It would be a good idea to print these rules out and always have them available while transcribing.

### **Capitalization**

1. Use initial capital letters in eponymic terms. Eponyms are names or phrases formed from or including the name of a person. The common noun following the eponym is lower-case.

Examples:

Rocky-Davis incision  
Foley catheter  
Down's syndrome  
May-Hegglin anomaly  
Duffy blood group  
Crohn's disease

NOTE:

Some reference books show the possessive and some do not. Check with your healthcare facility to confirm what is accepted by them.

2. Capitalize trade names and proprietary names of drugs and brand names of manufactured products and equipment. Do not capitalize generic names or descriptive terms.

Examples:

Trade names of drugs include Keflex, Motrin, and Bayer. Corresponding generic terms are cephalexin, ibuprofen, and aspirin. Trade names of suture materials include Vicryl, Dexon, and Prolene. Generic terms include chromic catgut, silk, nylon, and cotton - either plain, braided, or twisted.

Miscellaneous brand names include Kleenex, Vaseline, and Scotch tape. Corresponding generic terms are tissue, petroleum jelly, and cellophane tape.

3. Capitalize and underscore (to indicate italics) the name of a genus when used in the singular. Do not capitalize or underscore when used in the plural or as an adjective. Names of species are lowercase but still underscored when used with the genus name. After first mention, the genus name may be referred to by the initial - some reference books use a period and some do not - with the following.

Examples:

Pseudomonas aeruginosa (P aeruginosa)  
Staphylococcus aureus (S aureus)

**BUT**

Pseudomonal appearing  
Staphylococcal organism

4. Departmental names within a hospital or medical center are lower case.

Examples:

operating room post anesthesia recovery blood  
bank transcription section

5. Capitalize the proper names of languages, races, religions, and sects. Do not capitalize the common nouns following these designations. Do not capitalize informal designations of race, i.e., white or black.

Examples:

Asians Hispanic people  
The English language of Jewish ancestry  
African-Americans Seminoles

6. As a courtesy, positive allergy information may be either underscored or keyed in all capital letters in order to call attention to this vital information.

Example:

ALLERGIES: The patient is allergic to TETRACYCLINE.

7. Capitalize acronyms but not the words from which the acronym is derived.

Examples:

Non-steroidal anti-inflammatory drug (NSAID)  
coronary artery bypass graft (CABG)  
computed axial tomography (CAT)

**Numbers**

1. Spell the numbers "one" through "ten" when they appear in a narrative section of a medical report. When one numerical expression follows another, for clarity, spell out the one that can more easily be expressed in words.

Examples:

Dr. Smith removed seven lesions from the patient's back and three from his right leg.  
The dietician recommended two 6-ounce cans of supplement daily.

2. Use figures with technical information, i.e., in laboratory results, vital signs, age, height, weight, and drug dosages.

Examples:

Apgar scores were 9/9 at 1 and 5 minutes respectively.

Lipoproteins included an LDL of 80 and an HDL of 50.

Vital signs showed blood pressure 120/80, pulse 72/minute and Regular, respirations 21, temperature 98 degrees F.

Medications: Lomotil 20 mg at bedtime, diazepam 15 mg daily.

3. Always use figures with abbreviations, symbols, and measurements - no space comes between the number and its symbol.

Examples:

Pulses 2+, 100% oxygen, 15 mm Hg, reflexes 5/5 throughout

The uterus weighs 150 g and measures 8.0 x 4.5 x 0.9.

NOTE:

In the measurement above, while the whole number has a zero added for balance, the final measurement has a preceding zero added for clarity. The preceding zero is mandatory in decimal phrases.

4. A space should appear between an arabic number and the corresponding unit of measure abbreviations/symbol.

Examples:

9 mg%, 83 ml, 0.5 cm, 64 g/dL

5. Spell out ordinal numbers except when a date is used with the month.

Examples:

An incision was made between the fifth and sixth ribs. (not 5th and 6th) The patient had a seventh nerve palsy. (not 7th and not VIIth)

A Foley catheter was inserted the third day after surgery.

(BUT on October 3, surgery was performed.)

6. Numbers that constitute a series or range should be written as figures if at least one of them is greater than ten or is a mixed or decimal fraction. When indicating a span of years or page numbers do not omit digits.

Examples:

The gallstones measured 0.5, 1.2, and 3.7 cm respectively.

Statistics proved the theory in 8 out of 12 recipients.

Patient took epilepsy medication from 1990 to 1992 (not 1990-92).

7. The vertebral or spinal column segments are referred to in Arabic numerals. The 12 pairs of cranial nerves, however, are referred to in Roman numerals.

Examples:

cervical spine = C1 through C7

thoracic spine = T1 through T12

dorsal spine = D1 through D12 (interchangeable with thoracic spine) lumbar spine = L1 through L5

sacral spine = S1 through S5

BUT cranial nerves I through XII

8. Titers and ratios are expressed with figures and a colon. The colon is read as "to."

Examples:

Cord blood showed a herpes titer of 1:110.

Anesthesia consisted of Xylocaine and epinephrine 1:100,000.

9. Temperature readings are expressed in either Celsius © or Fahrenheit (F). At Hillcrest, the symbol for the word "degrees" is not used.

Each of the following examples is acceptable:

98.6F or 98.6 degrees F or 98.6 degrees Fahrenheit

35.4C or 35.4 degrees C or 35.4 degrees Celsius

10. Stainless and non stainless steel sutures are sized by the United States Pharmacopeia (USP) system. Sizes range from 11-0 (smallest) to 7 (largest). Sizes No. 1 through No. 7 are expressed as whole numbers. Stainless steel suture sizes may also be sized by the Brown and Sharp (B&S) gauge. B&S sizes are expressed in whole numbers from No. 40 (smallest) to No. 20 (largest).

Examples:

Then 9-0 silk was used for the eye wounds.

The peritoneum was closed with 3-0 chromic catgut. No. 5 wire was used for the skin.

11. Superscripts and subscripts are used in medical dictions. However, if the transcription equipment being used does not provide for entering characters either above or below the line, the superscript and/or subscript may be entered on the line. In either case, no spaces should be used.

Examples:

H<sub>2</sub>O or H<sub>2</sub>O PO<sub>2</sub> or PO<sub>2</sub>

<sup>131</sup>I BUT I <sup>131</sup>

<sup>198</sup>Au BUT Au <sup>198</sup>

12. Use Arabic numerals when referring to EKG leads, cancer grades, and both conventional and military time.

Examples:

EKG leads V1 to V6 grade 2 tumor 1600 hours is 4 p.m.

## **Punctuation**

### **Apostrophe**

1. The apostrophe is used to show possession.

Examples:

Patient's condition (singular possessive noun)

Doctors' opinion (plural possessive noun)

2. The apostrophe is used to form contractions.

Examples:

He's having no symptoms. (contraction of he is)

It's my opinion. (contraction of it is)

BUT

Its measurements are irregular. (possessive pronoun - no apostrophe used here)

3. Do not use an apostrophe to form the plural of either an all-capital abbreviation or of numerals, including years.

Examples:

DRGs - Temperature in the 20s.

WBCs - Born in the 1990s.

D&Cs - Three Ph.D.s attended

4. The apostrophe is used with units of time and money used as possessive adjectives.

Examples:

a week's work/a dollar's worth/in a month's time  
(all show singular possessive)

seven days' work/50 cents' worth/six months' gestation  
(all show plural possessive)

## Hyphen

1. Hyphenate a compound in which a number is the first element and the compound precedes the noun it modifies.

Examples:

48-hour turnaround a 12-factor panel a 5-g

cyst two 6-in. lacerations

2. Hyphenate a compound adjectival phrase when it precedes the noun it modifies, but not when it is in the predicate.

Examples:

a 17-week infant (The infant was 17 weeks old.)

end-to-end anastomosis (The anastomosis was end to end.)

a figure-of-eight suture (The suture was in a figure of eight.)

3. Hyphenate an adjective-noun compound when it precedes and modifies another noun.

Examples:

upper-range results (The results were in the upper range.)

third-floor burn unit (The burn unit was on the third floor.)

4. Hyphenate two or more adjectives used coordinately or as conflicting terms whether they precede the noun or follow as a predicate adjective.

Examples:

false-positive results (The results were false-positive.)

double-blind study (The study was done as a double-blind.)

5. Hyphenate color terms when the two elements are of equal weight.

Examples:

pink-tan tissue gray-brown area

BUT

Pinkish tan mucosa grayish brown skin

6. When expressing numbers in words, hyphenate all compound numbers between 21 and 99, either ordinal or cardinal numbers. Also, use a hyphen when expressing fractions in words.

Examples:

Thirty-five miles later one hundred forty-five  
left one-third empty three-fourths agreed

7. Use a hyphen when joining numbers or letters to form a word, phrase, or abbreviation.

Examples:

5-FU

C-section

X-ray

T-spine

VP-16

SMA12

Y-shaped incision

## Abbreviations and Symbols

### Abbreviations

Abbreviations are a convenience, a time saver, a space saver, and a way of avoiding the possibility of misspelling words. However, a price can be paid for their use. Abbreviations are sometimes not understood or are interpreted incorrectly. Their use may lengthen the time needed to train individuals in the health fields, at times delays the patient's care, and occasionally results in patient harm.

### Symbols

1. The virgule (slash or diagonal) is used to indicate the word "per" in laboratory values and other equations or the word "over" in blood pressure (BP) readings and visual acuity.
2. Lowercase "x" is used to indicate "by" in measurements and to indicate "times" in magnification and multiplication.

Examples:

Sponge and instrument count was correct x 3. (x = times)

Fetal limb length was 5.5 x 1.5 x 1.0 cm. (x = by)

Electron microscopy cells magnified x 100,000. (x = times)

3. Use numerals with a symbol or an abbreviation. When the phrase is spelled out, however, spell out the numbers as well.

Examples:

Deep tendon reflexes two plus (not two +) Deep tendon reflexes 2+ (not 2 plus)

4. Both reflexes and pulses are usually graded on a scale from zero to four pluses. The meaning of the different grades is as follows:

Reflexes

4+ = very brisk, hyperactive; may indicate disease; often associated with clonus (alternating muscular contraction and relaxation in rapid succession)

3+ = brisker than average; possibly but not necessarily indicative of disease

2+ = average or normal

1+ = somewhat diminished; low normal

0+ = no response; may indicate neuropathy Pulses 0 = completely absent

+1 = markedly impaired

+2 = moderately impaired +3

= slightly impaired

+4 = normal

5. Qualitative test results are usually given using the plus and minus symbols.

Examples:

- negative

+/- very slight trace or reaction

+ slight trace or reaction

++ trace or noticeable reaction

+++ moderate amount of reaction

++++ large amount of pronounced reaction

6. The metric system of measurement is used in medicine. (See the list that follows.) Use the abbreviated forms when entering numbers with metric measurements. Do not use a period following metric abbreviations. Do not pluralize abbreviations. (Liter is abbreviated with an uppercase L.)

Examples:

1 cm 0.9 cm 20 cm

1 mL 1.6 mL 15 mL

1 g 3.7 g 32 g

1 L 2.5 L 8 L

## BASIC TIPS FOR MEDICAL TRANSCRIPTION

**Make sure your transcriber is in good repair.** Clean and service your transcriber regularly according to the owner's manual or have it serviced regularly at the dealer. Having your machine(s) serviced around the time of your birthday or some other easily remembered annual event is a good way to ensure you don't forget to get the servicing done.

**Make sure you are comfortably seated.** You should always try to find the very best chair you, or your employer can reasonably afford.

If you are a home-based transcriptionist, the same advice applies, buy the best ergonomically engineered furniture you can afford. For the home-based worker it is a real necessity because if you can't transcribe, chances are you aren't earning any money. Most home-based workers do not have any kind of health or income insurance to rely on so must ensure they continue to have the ability to produce work. Following proper procedures to avoid work-related repetitive stress injury will ensure you have a long transcribing career.

**Try to keep your work environment quiet.** Seasoned medical transcriptionists know how important it is to have their surroundings as quiet as possible. No doubt this is sometimes impossible, either because you work from home and have small children to contend with or maybe you are in a busy transcription pool with people coming and going. Fast, accurate transcription is most attainable when you can concentrate on the dictated words and virtually nothing else. While you are able to transcribe with ambient noise, speed and accuracy are almost always adversely affected. If you are working in a transcription pool, make sure your supervisor keeps regular "office traffic" away from your area. If your place of work does not have rules about a quiet zone for medical transcription, you may want to raise this idea with your supervisor or employer. Everyone will benefit from you being able to do your work in peace and quiet. If you work from home, you may find that doing work in the evening or through the night becomes the most productive time for you, if you can fit that kind of shift into your life.



**Would You Please Repeat That - Slowly.** Many physicians are so bad at dictating that you need some special techniques to understand exactly what they are saying. If you find it very difficult to understand a particular dictator, try these approaches: If your transcriber has a "tone" adjustment, make sure it is set to make the dictator's voice sound "raw" - i.e., little or no bass. Do the same if you have a "bass" control. Removing as much bass as possible allows the words to be heard more clearly. Unfortunately it may also accentuate any static on the tape. Try adjusting the tape playback speed from very, very slow to fast. Sometimes varying the speed of the tape transport will allow you to pick up on what is being said. Try unplugging your headset and playing the tape out of the transcriber speaker, if there is one. Try having someone else listen to the passage you are having trouble with (remembering confidentiality issues, of course). Make a note where the unintelligible section is on the tape, using your tape counter, and come back later to see if being away from it for a while helps you to "listen anew." One or a combination of all these approaches will sometimes help.

**No Guessing.** Avoid guessing about what you hear. If the problem dictation involves drug names, drug dosages, patient-described symptoms, etc., guessing incorrectly could have life-threatening implications if your error goes through the health system unnoticed. The safest, professional, and ethical approach is to leave a blank in the transcription, making sure to make a notification on the report about the area of dictation needing clarification by the dictating physician. Of course, if there is a way to verify what is being said by contacting the actual dictating physician or his/her staff, this is the best, quickest and sometimes easiest way to handle questions about problem tape passages.

**Telling It like It Is.** If the dictating physician is a chronically bad dictator, you will be doing yourself and other transcriptionists a favor by letting him/her know that they need to improve their technique. One of the best cures for a chronically bad dictator is to return transcription with every questionable word or passage left blank. By doing this regularly, you are indicating that the dictation is constantly poor. If someone, including the bad dictator, tries to imply you just don't have the skill to perform their work, show them successful transcription you have done from other physicians who know how to dictate properly. When all else fails, simply refuse to do their work if you are in a position to do so. Self-employed transcriptionists will often drop a client rather than agonize constantly day-in, day-out, over what is being dictated.

**Maximizing Keyboarding.** One of the ways to ensure you are getting as much work done as possible is to make use of abbreviations. If you are serious about making medical transcription from home a small-business, you really have to learn to use abbreviations to speed up your work. Some word-processors have spelling features that allow you to use auto-correction when transcribing at your computer. You can use this feature to expand words "on the fly." For instance, instead of having to always type "examination," you can instruct the speller to expand an abbreviation like "exn" to the word "examination."

You can also purchase software specifically designed to abbreviate words. Some of these are:

- <http://www.abbreviate.com/index.htm>
- Smartype - <http://www.narratek.com>
- FlashForward - [http://www.walberg.com/flash\\_forward.html](http://www.walberg.com/flash_forward.html)
- Instant Text - <http://www.twsolutions.com>
- Key-Master - <http://www.wordsystemsunlimited.com>
- QuickScript - <http://quicksript.com>

However, it's not necessary to purchase abbreviation software at all if you use auto-correct and auto-text options in MS Word.

Some hospital or clinic dictation systems, unfortunately, make no allowance for using abbreviation software or features.

**Get Rid of Rodents.** Most professionals who use word-processing software avoid using their desktop mouse like the plague. Taking your fingers from the keyboard slows you down, so if you want to really churn out the work you must learn keyboard shortcuts for as many actions as possible. Most word-processors give a keyboard equivalent for an action you point to with your mouse, especially on main menu items.

**Using shortcut keys in Windows.** Learning the shortcut keystrokes for Windows (see table below) will help you perform general program actions faster. Many of the Windows commands are common to most windows programs. If you are currently using word-processor specific commands that correspond to the commands below, you may want to consider changing your word-processor preferences to match these common shortcut keys.

<b>To</b>	<b>Press</b>
Activate the menu bar in programs Carry out the corresponding command on the menu	F10 ALT+ underlined letter in menu
Close current window	CTRL+F4
Close current window or quit Copy	ALT+F4
Cut	CTRL+C
Delete	CTRL+X
Help on selected dialog box item	DELETE
Current window's system menu	F1
Shortcut menu for selected item	ALT+Spacebar
Display the Start menu	SHIFT+F10
System menu for MDI programs Paste	CTRL+ESC
Switch to the window you last used	ALT+HYPHEN
-Or-	CTRL+V
Switch to other window by holding down ALT	ALT+TAB
while repeatedly pressing TAB Undo	CTRL+Z

## Do's and Dont's for Physicians

Please . . .

- ③ Do . . . Learn about your recording equipment; how it works; how to maintain it.
- ③ Do . . . Assemble any papers, reports, before you start dictating.
- ③ Do . . . Make sure you are in a quiet area so your dictation can be heard clearly by the transcriptionist.
- ③ Do . . . Identify yourself at the beginning of your dictation and state what dictation you are doing, i.e., what type of reports and the date you want reflected in the reports. (The day of patient examination, the date of your dictation, or the date the transcriptionist is actually transcribing the work.)
- ③ Do . . . Say "Hello" to the transcriptionist who will be transcribing your tape. It is surprising how many people who dictate fail to acknowledge the person who will be transcribing their dictation. Even if your tape is sent to a "transcription pool" and you therefore do not know who will be transcribing it, a short, friendly word at the beginning of each tape can sometimes lift the spirits of whoever is transcribing your work. Many transcriptionists enjoy doing work more for someone who sounds friendly.
- ③ Do . . . Always state then spell full details of: addressees, their full name, proper mailing address; file numbers; reference numbers; patient record number; subject matter.
- ③ Do . . . Try to use the same phrases in each of your report types. Be consistent in the way you approach similar reports. Make sure you use the same headings whenever possible. This makes it easier to transcribe your work and lessens the chance of error.
- ③ Do . . . Speak clearly and at a regular pace.
- ③ Do . . . Pause slightly before speaking when starting your recorder and pause briefly before stopping recording. This prevents words from being "clipped."
- ③ Do . . . Speak with inflection in your voice. Monotonal voices tend to put transcriptionists to "sleep."
- ③ Do . . . Speak with your mouth at the recommended distance from your particular brand of microphone for optimum sound levels.
- ③ Do . . . Edit out any errors you make.
- ③ Do . . . Spell unusual words that may represent diseases, drugs, or procedures not normally found in the mainstream of daily work.
- ③ Do . . . Always include punctuation, especially when starting new paragraphs.
- ③ Do . . . Include "open" and "close" quotation instructions.

- ③ Do . . . Have your dictation equipment serviced at least yearly. Putting it in for service during your vacation is a good time.
- ③ Do . . . Get a colleague's dictation tape and, using a transcribing machine, sit down and spend just one single hour trying to transcribe his/her dictation. I absolutely guarantee it will be an eye-opener.
- ③ Do Not . . .Use old recording tapes. Make a habit of buying new tapes at least once a year if you use them daily. Discard damaged tapes immediately and only after erasing them.
- ③ Do Not . . .Dictate in a noisy area. Extraneous noise can make it difficult to hear dictation accurately.
- ③ Do Not . . .Mumble. Speak clearly without letting your voice fade-out at the end of sentences.
- ③ Do Not . . .Eat, drink or chew gum when speaking. Sialogogues can be used to keep your saliva flowing, if they are small and will not interfere with clear speaking.
- ③ Do Not . . .Make errors and then say "strike that" or something to that effect. Use the "cue and review" feature found on most current dictation equipment to erase your last statement. Erasing your own error also negates any chance of misunderstanding on the part of the transcriptionist as to what was to be "struck" or erased from what you dictated.
- ③ Do Not . . .Try to spell words you don't know how to spell. If the word is unusual, just say it as clearly as possible and the transcriptionist can usually confirm the spelling if required.
- ③ Do Not . . .Say "period" for the end of a sentence. The proper phrase when dictating is "stop" or preferably "full stop."
- ③ Do Not . . .Shuffle papers, open drawers, rearrange your desk, rip paper off examination tables, or make loud sudden noises when dictating.
- ③ Do Not . . .Forget to say "End of Dictation" at the end of your dictation, so the transcriptionist will know there is no more dictation to the end of the tape.
- ③ Do Not . . .Burp, slurp, cough, sneeze, eat, drink, chew gum, clear nasal passages, "pass wind," urinate or defecate while recording dictation. (Yes, all the aforementioned have been done by physicians while dictating, and yes, you can hear it, and yes it is disgusting - not to mention just plain rude.)
- ③ Do Not . . .Dictate while driving. It's dangerous and the sound quality is usually poor.

## Over-used & Redundant Words

Part of good dictation style is avoiding the use of unnecessary words, redundancies or grammatically unacceptable phrases when dictating. It is more professional to be as succinct as possible. Avoid "flowery" language, too many superlatives, and over-used words and phrases. Here is just a short list of what you should avoid:

Wrong or Over-used	Try Using
<b>Very</b>	Avoid or use sparingly
<b>Very normal</b>	Normal
<b>At this point in time</b>	Now
<b>At that point in time</b>	Then
<b>At the present time</b>	Now
<b>In the near future</b>	Soon; specific date/time
<b>As per</b>	per; according to; as
<b>In close proximity to</b>	Near; close to; proximal
<b>I am in receipt of</b>	I have; I have received
<b>In the matter of</b>	Regarding
<b>Very near</b>	Near; close
<b>Is on no medication</b>	Is not on medication

## Dictating sound-alike or confusing words

You should be aware of similar-sounding and other confusing words and spell them or dictate them clearly. Some words should always be spelled to avoid confusion or to make sure an inattentive transcriptionist does not transcribe the word incorrectly.

**Here are just a few words of which you should be aware:**

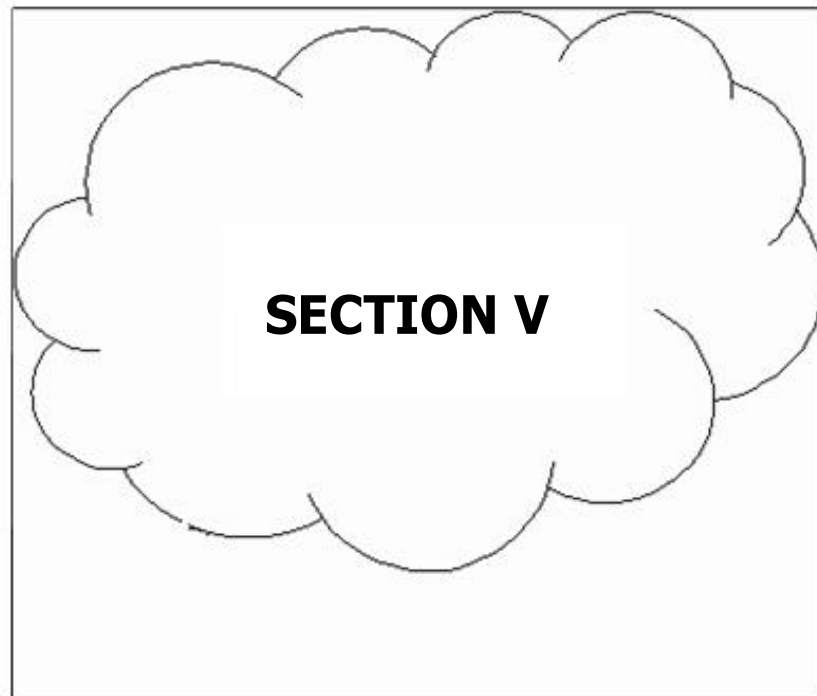
<b>Accede:</b> stick to agreement <b>exceed:</b> surpass	<b>accept:</b> receive <b>except:</b> exclude	<b>adapt:</b> adjust <b>adept:</b> proficient
<b>adverse:</b> opposed <b>averse:</b> not interested	<b>affect:</b> change, influence <b>effect:</b> (v) to bring about (n) result, impression	<b>all right:</b> all right <b>alright:</b> outdated usage
<b>allude:</b> refer to indirectly <b>elude:</b> avoid	<b>allusion:</b> insinuation <b>illusion:</b> apparition	<b>already:</b> previously <b>all ready:</b> everything prepared
<b>altar:</b> place of worship	<b>appraise:</b> value	<b>assistants:</b> helpers

<b>alter:</b> to change	<b>apprise:</b> inform, notify	<b>assistance:</b> help
<b>capital:</b> seat of government; money <b>capitol:</b> building where legislative body meets	<b>cease:</b> stop <b>seize:</b> apprehend	<b>cite:</b> speak of <b>sight:</b> vision <b>site:</b> location
<b>complement:</b> collection <b>compliment:</b> praise	<b>continual:</b> happens frequently in time: close succession <b>continuous:</b> uninterrupted	<b>council:</b> praise <b>consul:</b> ambassador <b>console:</b> comfort <b>counsel:</b> advice
<b>descent:</b> decline <b>dissent:</b> disagree	<b>disapprove:</b> condemn <b>disprove:</b> discredit	<b>elicit:</b> extract <b>illicit:</b> illegal
<b>eligible:</b> qualified <b>illegible:</b> indecipherable	<b>emigration:</b> moving from a country <b>immigration:</b> moving to a country	<b>eminent:</b> outstanding, revered <b>imminent:</b> threatening to happen soon
<b>farther:</b> forward <b>further:</b> additionally	<b>floe:</b> large sheet of floating ice <b>flow:</b> move, run freely, circulate	<b>formally:</b> in a dignified way <b>formerly:</b> previously
<b>imply:</b> speaker implies (suggests) <b>infer:</b> hearer infers (perceives)	<b>incidence:</b> occurrence <b>incidents:</b> situations	<b>lay:</b> to set down, to place or put an item down <b>lie:</b> to recline
<b>passed:</b> go by <b>past:</b> earlier	<b>principal:</b> first in authority; main participant; amount of a debt less interest <b>principle:</b> basic truth or assumption	<b>pray:</b> to ask for by prayer or supplication <b>prey:</b> animal hunted or caught for food; victim
<b>residence:</b> dwelling <b>residents:</b> occupants	<b>right:</b> correct <b>rite:</b> ceremony <b>wright:</b> worker <b>write:</b> compose	<b>their:</b> possessive form of "them" <b>they're:</b> they are <b>there:</b> at that place
<b>stationary:</b> not moving: fixed <b>stationery:</b> writing material: letterhead, envelopes, etc.	<b>suit:</b> a set of clothes; legal action <b>suite:</b> number of items making up a set, series, or sequence	<b>waiver:</b> the giving up of a claim <b>waver:</b> to hesitate; also tremble or quaver
<b>through:</b> by way of <b>threw:</b> tossed	<b>whose:</b> of or relating to whom <b>who's:</b> who is	<b>your:</b> of or relating to you <b>you're:</b> you are

The above table contains content from: [Webgrammar's Place](#)

## Drug Directions & Dosages Abbreviations

Abbreviation	Derivation	Meaning
aa	ana	of each
ad	ad	up to
ad lib	ad libitum	as much as desired
b	bis	twice
C		centigrade
c	cum	with
cc		cubic centimeter
caps	capsula	capsule
Gm	gram	gram, grams
gr	granum,grana	grain, grains
gtt	gutta	drop, drops
(h)	hypodermic	under the skin
IM		intramuscular
IV		intravenous
kg	kilogram	thousand grams
l	liter	liter
LB., lb	libra	pound
ml	milliliter	thousandth of a liter
ocul	oculus	the eye
o.d.	oculo dextro	in right eye
o.s.	oculo sinistro	in left eye
o.u.	oculus uterque	in each eye
p.o.	per os	by mouth
q.s.	quantum sufficit	a sufficient quantity
R	recipe	take
s	sine	without
s.c., sub cut	sub cutem	subcutaneous
sig	signa	label, let it be labeled
s.o.s.	si opus sit	if necessary
ss	semis	one-half
tab		tablet
tsp	teaspoon	teaspoonful
tblsp	tablespoon	tablespoonful



## **BASIC FORMATTING & SAMPLE REPORTS**

- ↳ **Consultation Report**
- ↳ **Operative Report**
- ↳ **Discharge Summary**
- ↳ **History and Physical**
- ↳ **Physician Letters**
- ↳ **GI Procedure Report**
- ↳ **Progress Notes / Chart Notes / SOAP Notes**



## **BASIC FORMATTING FOR REPORTS**

The following are guidelines for the format, not rules. They are applicable in most medical reports. However, as stated earlier, each physician may have his or her own preferences. Therefore, it is best to obtain previous copies of transcribed reports to ensure that you are utilizing the format the physician prefers. Remember, format is simply the manner in which the report is laid out. This includes spacing of words, paragraphs, margins, page breaks, etc.

1. Use only one space between a city, state and its appropriate zip code.

*Example: Lampasas, Texas 76550*

2. Use two spaces after a period used at the end of a sentence.

*Example: Use two spaces after this period. This is a new sentence.*

3. Use two spaces after a colon.

*Example: I just used two spaces between the word example and this sentences because a colon was used.*

4. Left justify your reports, unless otherwise requested from the physician dictating the report.

5. Use a one-inch margin on both the left and right side of medical reports.

6. Use a one-inch margin on both the top and bottom of medical reports, unless otherwise preferred by the physician dictating the report.

7. Use a double space between paragraphs.

8. Dates should be written as MM-DD-YY or MM/DD/YY.

*For example: Date: 09-21-00 or Date: 09/21/00*

9. If you have to break up a paragraph for your page break, leave at least two lines on the bottom of the first page, and two lines at the top of the following page.

*Signature line*

The signature line is the area for the physician's signature at the end of the report. Quadruple space should be used between the end of the report and the signature line.

This is also the area where you will add your initials as the transcriptionist. The physician's initials and a colon should precede your initials. Double space between the physician's name and the appropriate initials.

*For example:*

This is the end of your report.

John Doe, M.D.

JD:xx

(Replace xx with your own initials)

This is just an example of a preference from one physician. The signature line is also an item that may vary from physician to physician.

**DOCTOR'S NAME**

Address1  
Address2, City, Zip  
Telephone #: (000) 000-0000

**CONSULTATION REPORT**

**PATIENT NAME:** Name of Patient  
**REFERRING PHYSICIAN:** Physician's Name, M.D.

Dear Dr. \_\_\_\_:

Your patient, \_\_\_\_\_, who is an 83-year-old white female, was seen by me for evaluation of bilateral knee pain, swelling, and stiffness more of right than left, bilateral feet pain, ankle swelling, and stiffness, and lower back pain. Symptoms have been present for last several years. She has been diagnosed to have arthritis of multiple joints and has been treated with some medications; however, she has been taken off the medications because she has currently been on Coumadin as an anticoagulant therapy. She therefore is having active symptoms in most of her joints and acute symptoms in her right knee. Because of her arthritis in the knees, she has been having difficulty ambulating and standing, walking, and climbing. She is currently using a walker and a motor scooter at home to get around. She denies any history of injury or systemic illness.

**REVIEW OF SYSTEMS:** Multiple other problems including hypertension, congestive heart failure, sleeping difficulty, and is on Coumadin for atrial fibrillation.

**PAST MEDICAL HISTORY:** Osteoarthritis in multiple joints, heart disease with congestive heart failure causing fluid in the lungs as well as edema of her lower extremities.

**FAMILY HISTORY:** Insignificant for arthritis.

**ALLERGIES:** None reported to drugs.

**PHYSICAL EXAMINATION:**

- a) **General Physical Examination:** An elderly white female having difficulty ambulating using a walker in the office.  
Vital Signs: She is 5' tall. Weight 155 lbs. BP 142/80, and Pulse 80 p/m irregularly irregular suggesting atrial fibrillation.
- b) **Musculoskeletal Exam:**  
Knees: Deformity of both knees of flexion type about 30 to 45 degree on the right and about 30 degree on the left. There is marked atrophy of quadriceps muscles bilaterally. Right knee is swollen with joint effusion, warmth, and tenderness with decreased range of motion and pain on motion.

## Name of Patient

Page 2

**Ankles and Feet:** Swelling over the ankle extending over the mid foot area with tenderness of the MTP joint with early MTP subluxed deformities.

Hips: Shows good range of motion with no pain.

**LS Spine:** Increased lordosis, decreased range of motion with pain. Rest of her musculoskeletal examination is unremarkable at this time.

**X-RAYS AND LABORATORY TESTS:** No x-rays or laboratory tests were performed on this visit.

### DIAGNOSES:

1. Osteoarthritis of the knees with acute arthritis, right knee.
2. Muscle atrophy of both thigh muscles.
3. Degenerative arthritis of the LS spine.
4. Osteoporosis.
5. Acute arthritis of midtarsal joints, both feet.

**RECOMMENDATIONS:** In keeping with her Coumadin that she takes, she was put on Vioxx 25 mg daily. Because of the presence of acute joint effusion and pain in the right knee, right knee was aspirated under local anesthesia with removal of 15 cc of yellow slightly turbid but viscous fluid. Right knee was injected with Celestone Soluspan and lidocaine for relief of the acute arthritis. The patient was advised to rest for the next 24 hours, put moist hot packs on the knees. She will return in 2 weeks for further evaluation and recommendation. At that time, physical therapy will be instituted to increase strength in the quadriceps muscle so that she can walk independently.

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Physician's Name, M.D.

## OPERATIVE REPORT

**NAME:** <Name>  
**MEDICAL RECORD #:** 0000000  
**DATE OF SURGERY:** 08/18/XX  
**SURGEON:** <surgeon's name>, MD  
**ASSISTANT:** <assistant's name>, MD

**PREOPERATIVE DIAGNOSIS:** Mandibular symphysis osteotomy. Open wound at floor of mouth and buccal mucosa.

**POSTOPERATIVE DIAGNOSIS:** Mandibular symphysis osteotomy. Open wound at floor of mouth and buccal mucosa.

**PROCEDURE:** Repair with internal fixation and repair of soft tissue defect.

**ANESTHESIA:** General.

**OPERATIVE INDICATIONS:** This is a youngster with a history of neuroblastoma whom I had first seen six months earlier. At that time, the lesion presented as a neck mass, which was biopsied. Subsequent studies showed extensive involvement of the right neck at right cranial base, namely extension into the jugular foramen. The patient received neoadjuvant chemotherapy and is slated for radical en bloc excision tray.

**OPERATIVE PROCEDURE:** Through the mandibular-splitting approach, a radical neck dissection with en bloc resection of the tumor from the cranial base around the jugular foramen was carried out without complication after tracheostomy had been performed. The right floor of the mouth incision, extending from the posterior middle third of the tongue up to the anterior floor of the mouth, was closed with interrupted sutures of Vicryl, with care being taken to maintain a watertight closure. The mandibular symphysis osteotomy was carried out through the socket of the extracted right mandibular central incisor halfway down the vertical height of the symphysis and then stair-stepped to the left and then down across the mandibular border. Care was taken to preserve both mental nerves bilaterally. The horizontal portion of the osteotomy has necessarily coursed through two tooth buds of the permanent dentition, and these were subsequently debrided. An anatomic approximation of the symphysis was carried out and held in place while a 2.0 compression plate made of titanium was applied to the lower rim of the symphysis. Good solid bony union was achieved. The mucosa, both labial and gingival of the lower lips were then reapproximated with five interrupted sutures of Vicryl. The gingival was then brought up to the tooth crowns and secured into the mucosa in the anterior floor of the mouth with sutures. These sutures encircled the teeth and created a nice watertight seal, with no exposure of underlined mandible. The lip was then prepared, and the remainder of the neck closure was carried out by Dr Fischer.

**OPERATIVE REPORT**

NAME: <Name>

MEDICAL RECORD #: 0000000

**ESTIMATED BLOOS LOSS:** Negligible.

**COMPLICATIONS:** None.

**SEPCIMENS:** None.

<Name>, MD

XXX/<MT initial>/<QA initial>

DD: 08/18/XX

DT: 08/18/XX

## DISCHARGE SUMMARY

NAME: Patient's Name  
MR #: 0000000  
ATTENDING PHYSICIAN: Physician's Name, MD  
DATE OF ADMISSION: 06/09/2000  
DATE OF DISCHARGE: 06/23/2000

### PRINCIPAL DIAGNOSIS:

1. Iron deficiency anemia.
2. Gastrointestinal bleed.
3. Coronary artery disease.
4. Hiatal hernia, mild gastritis, and diverticulosis.

**HISTORY OF PRESENT ILLNESS:** The patient is a 64-year-old Hispanic woman with a history of weakness, melena, and anemia, requiring blood transfusion. She was admitted to the hospital with symptoms of chest pain and melena. She was found to have a decreased hematocrit to 24.

**HOSPITAL COURSE:** The patient was admitted for enteroscopy and colonoscopy. She was transfused with packed red blood cells to a hematocrit of 36.5, which remained stable throughout her hospitalization. Colonoscopy and enteroscopy revealed mild gastritis, hiatal hernia, diverticulosis, and hemorrhoids. There were no arteriovenous malformations visualized.

Four days after her admission she had guaiac-negative stools.

### PROCEDURES PERFORMED:

1. Enteroscopy on 06/21/2000. Results showed hiatal hernia and nonspecific gastritis.
2. Colonoscopy on 06/22/2000. notable for moderate sigmoid diverticulosis, but an otherwise normal colonoscopy to the terminal ileum.

### DISCHARGE MEDICATIONS:

1. Prilosec 20 mg p.o. q.d.
2. Accupril 20 mg p.o. q.d.
3. Xanax 0.25 mg p.o. t.i.d. p.r.n., for anxiety.

### DISCHARGE INSTRUCTIONS:

**Diet:** The patient was instructed to follow a high-fiber, low-salt diet.

## **Name of Patient**

Page 2

**Activity:** As tolerated.

**Follow-up Care:** The patient will make an appointment with Dr. Smith. We recommend a possible upper gastrointestinal series with a small bowel follow-through in the future in order to evaluate the small bowel for possible tumors.

Name, MD

XX/<MT initial>/<QA initial>

DD: 06/23/00

DT: 06/30/00



## HISTORY AND PHYSICAL

**PATIENT:** <Patient's Name>  
**MEDICAL RECORD NUMBER:** 00000000  
**DATE OF VISIT:** 08/28/1999

**HISTORY OF PRESENT ILLNESS:** Mrs. \_\_\_\_\_ was seen in the office for a pulmonary consultation. She is an 85-year-old white female with dementia who apparently drank 1 oz of antibacterial dish washing soap on 08-23-00. She subsequently developed diarrhea and then vomiting after a glass of water. Her daughter then noted some chest congestion and creamy mucous production but never had a fever. She presented to your office at which point she was started on Augmentin and has had 2 radiographs. Both revealed basilar infiltrates and further pulmonary evaluation was requested. The patient then had no difficulty swallowing prior to this ingestion. Afterwards, she had some burning throat pain but that has markedly improved and is almost gone. She is eating and drinking without difficulty currently. She has a dry rattling cough. It is mostly in the morning. She is able to sleep throughout the night. She is able to walk and perform her ADL with assistance. Apparently, she also received an IM shot of Rocephin few days ago. The daughter denies hearing wheezes. Her oximetry was normal at Medemerg. The patient is unable to provide any detailed history; most of it is from the daughter.

**PAST MEDICAL HISTORY:** Osteoporosis, compression fracture in the lumbar spine, and hypertension.

**PAST SURGICAL HISTORY:** Left knee surgery.

**ALLERGIES:** No known drug allergies.

**CURRENT MEDICATIONS:** Atenolol, Frusemide, Relafen, and Augmentin 875 mg bid.

**SOCIAL HISTORY:** She has never smoked. No alcohol consumption. No known exposures to chemicals, fumes, or asbestos. She used to work in a cigar factory.

**FAMILY HISTORY:** Noncontributory.

<Patient's Name>  
08/28/1999  
Page 2

**REVIEW OF SYSTEMS:** Basically unobtainable in this commented female.

**PHYSICAL EXAMINATION:**

**GENERAL:** Awake, alert, oriented X3, appeared to be no acute distress, an elderly female, appearing her stated age.

BP:140/72. P: 76. R:16. Temp:98.4. Weight: 109 pounds.

**HEENT:** Normocephalic, atraumatic cranium. Pupils reactive, sclerae anicteric. Nares patent, posterior pharynx without exudate, erythema, or irritation. Mucous membranes were moist.

**Neck:** Soft, supple, no JVD or lymphadenopathy appreciated, trachea midline.

**HEART:** Regular, no murmurs heard.

**LUNGS:**Coarse rhonchi scattered throughout both lung fields, faint expiratory wheezing also appreciated. No accessory muscle use noted, equal and symmetric chest wall expansion and air entry.

**ABDOMEN:** Soft, nontender, positive bowel sounds.

**EXTREMITIES:** Without edema, cyanosis, or clubbing.

**SKIN:** Warm and dry, no obvious rash or lesions were noted.

**LABORATORY DATA:** Chest radiographs reviewed from 08-24-00 and 08-26-00 revealed that there is basilar infiltrates. Chronic versus acute adenopathy noted. Blood work from 08-26-00 revealed a white count of 8.3, hemoglobin 12.4, and hematocrit of 36.2. Electrolytes revealed BUN of 29 and creatinine of 1.8. LDH slightly elevated at 225.

**IMPRESSION:**

1. Bronchospastic airways with plugged mucous ciliary clearance.
2. Possible pneumonia/ pneumonitis status post ingestion of soap with subsequent vomiting, possible aspiration.
3. History of hypertension.
4. History of osteoporosis with compression fractures.

<Patient's Name>

August 28, 2000

Page 3

**PLAN:** We will add nebulized bronchodilator therapy with Albuterol and Atrovent at least qid. Low-dose prednisone therapy to decrease the pulmonary inflammatory response. Continue with Augmentin for full 10-day course. Follow up chest radiograph in approximately 1 to 2 weeks. If continued changes are noted, a CAT scan of the chest may needed to be considered. The above was discussed in detail with the patient's daughter.

<Doctor's Name>

CC:

<Doctor's Initial>: <MT/QA Initial>

D: 8/28/XX <Date dictated>

T: 8/29/XX <Date transcribed>

August 28, 2000

<Name, MD>

<Address1>

<Address2>

<City, State, ZIP>

RE: <Name>

DOB: 01-08-1999

Dear Dr. <Name>:

I had the pleasure of meeting Mr. \_\_\_\_\_ in the office for sleep medicine evaluation. He comes in with chief complaint of heavy snoring and witnessed apneas for years. He states his wife has noted this for sometime. His wife has been diagnosed recently with obstructive sleep apnea and is currently on nasal CPAP. He occasionally feels tired during the day. He falls asleep at inappropriate times. He finds the sleep to be unrefreshing. He has a hard time awakening in the morning. Usual bedtime is 11:30 PM and awakes at 6:00 AM. On weekends, he sleeps a little later. Sleep onset latency averages 15 to 20 minutes.

Usually he sleeps on his stomach and on his sides. He cannot sleep on his back, feeling that his throat is closing. He denies any significant leg pains, aches, or cramps. There was no evidence for sleep paralysis, nightmares, sleep enuresis, or sleep walking to talking. He has a rare hypnagogic hallucination. He denies any early morning or nocturnal headaches.

He occasionally has some nasal congestion. His caffeine intake is limited to a diet coke or an ice tea. Sleep environment is otherwise conducive to a good night sleep. He feels his work is impaired by being less productive and occasionally forgetful. He does not take any naps. He feels late night driving can be difficult but otherwise denies other driving problems. His current weight is 280 pounds down from 310 pounds 1½ year ago. Current shirt collar size is 18.5 to 19 inches.

**PAST MEDICAL HISTORY:** Diabetes and obesity.

**PAST SURGICAL HISTORY:** Tonsillectomy and adenoidectomy and wisdom tooth extraction

**CURRENT MEDICATIONS:** Flonase.

**ALLERGIES:** None.

<Name>

August 28, 2000

Page 2

**SOCIAL HISTORY:** Never smoked, rare social consumption of alcohol. He is married. No significant occupational exposures. No children.

**FAMILY HISTORY:** Mother alive and well. Father with TIA and hypertension. One brother alive and well.

**REVIEW OF SYSTEMS:** Pertinent positive/negative as mentioned above. The patient has had some gastroesophageal reflux in the past, none currently. He denies any lower extremity edema. He occasionally has some postnasal drip and a sore throat and intermittent nausea.

**PHYSICAL EXAMINATION:** Awake, alert, oriented X3, no acute distress, obese white male, appearing stated age. BP:130/78. P:64. R: 16. Temp: 98.2. Weight: 280 pounds.

HEENT: Normocephalic, atraumatic cranium. Pupils reactive, sclerae anicteric, the patient wears glasses. Nares were patent, posterior pharynx narrowed without exudate or erythema. Mucous membranes were moist.

Neck: Soft, supple, but thick, no JVD or lymphadenopathy appreciated, trachea midline. Cardiac Exam: Regular without murmur.

Lungs: Clear to auscultation. No rales, rhonchi, or wheezing noted.

Abdomen: Obese, soft, non-tender, positive bowel sounds. Extremities: Without edema, cyanosis, or clubbing.

Skin: Warm and dry, no obvious rash or lesions noted.

Neuro Exam: Grossly nonfocal. According to the sleepiness scale, it was 9/24 points.

**IMPRESSION:**

1. History and physical exam is highly suggestive of obstructive sleep apnea/hypopnea syndrome.
2. Morbid obesity.
3. Diabetes.

<Name>

August 28, 2000

Page 3

**PLAN:** Proceed with diagnostic polysomnographic testing. Basic treatment options, health risks, and driving restrictions were discussed with the patient. Weight loss is encouraged. Avoidance of alcohol and sedative medications at bedtime are recommended. Further formal recommendations pending review of polysomnogram.

Thank you for the pleasure of this consultation.

Sincerely

<Doctor's Name>

<Doctor's Initial>: <MT/QA Initial>

D: 8/28/00 <Date dictated>

T: 8/29/00 <Date transcribed>

August 28, 2000

Joseph White, MD  
Brookfield University Medical Associates, P.A. 35,  
University Place  
Fort Worth, TX 76104-2310

RE: Smith, Matthew  
DOB: 01-08-1999

Dear Dr. Joe:

We rechecked Mathew Smith under anesthesia on November 21. It has been nine months since he completed his course of external beam radiation therapy as management of unilateral sporadic retinoblastoma in the left eye.

On our exam today, our findings remain the same as on our prior exam in August. The tumor is completely regressed, and there is no evidence of viability. There are no new tumors in the left eye. The optic disc is healthy, and there are no signs of radiation retinopathy or papillopathy.

The right eye is perfectly normal, with no evidence of retinoblastoma. Regarding the visual prognosis, because of the macular location of the regressed retinoblastoma, his visual prognosis is very guarded. We will try patching of the right eye in an attempt to stimulate any possible vision in the left eye.

Thank you for allowing us to assist in his care.

Very sincerely yours,

<Doctor's Name>

<Doctor's Initial>: <MT/QA Initial>

D: 8/28/XX <Date dictated>

T: 8/29/XX <Date transcribed>

## GI PROCEDURE REPORT

**PATIENT:** <Patient's Name>  
**MEDICAL RECORD NUMBER:** 00000000  
**DATE OF VISIT:** 08/28/1999

**TYPE OF PROCEDURE:**

Upper endoscopy

**PAST MEDICAL HISTORY:**

Osteoporosis, compression fracture in the lumbar spine, and hypertension.

**PAST SURGICAL HISTORY:**

Left knee surgery.

**ALLERGIES:**

No known drug allergies.

**CURRENT MEDICATIONS:**

Atenolol, Frusemide, Relafen, and Augmentin 875 mg bid.

**INDICATIONS FOR PROCEDURE:**

50 year-old white female with left sided abdominal discomfort. For further details of history and physical, please see 01/12/00 notes.

**PREOPERATIVE MEDICATIONS:**

Versed 2 mg IV, Demerol 50 mg IV, topical Hurracaine spray.

**PROCEDURE:**

After informed consent was obtained from patient, she was placed in the left lateral decubitus position. The Olympus EVIS Type 100 video endoscope was easily advanced into the esophagus under direct visualization. The entire esophagus was carefully inspected. A well demarcated Z-line was seen at the 39 cm level. The esophagus appeared to be unremarkable. The endoscope was advanced into a small hiatal hernia and from there to the remainder of the stomach, that, otherwise, appeared to be normal, including retroflexion views of the cardia. Biopsies were taken from the antrum to check for H. pylori via CLO test. The pyloric channel was widely patent. Duodenal bulb, second and third portions of the duodenum were normal. The patient tolerated the procedure well.

**<Patient's Name>**

08/28/1999

Page 2

**IMPRESSION:**

1. Small hiatal hernia
2. Otherwise negative EGD with CLOtest pending.

**DISPOSITION:**

We will proceed with colonoscopy.

<Doctor's Name>

cc:

<Doctor's Initial>: <MT/QA Initial>

D: 8/28/XX <Date dictated>

T: 8/29/XX <Date transcribed>



**EXAMPLE: Progress Notes or Chart Notes  
(Full Block Format)**

Monika M. Takasugi  
1-28-99

CC: Several more episodes of rectal bleeding, always following a BM. Biopsy and BE essentially negative for source of bleeding.

PE: Anoscopy: moderate hemorrhoidal tags.

RX: Anusol HC suppositories, 1 morning and evening/6 days. Call or return in 3-4 weeks.

John B. Avery, M.D.

**Example: SOAP (Subjective, Objective, Assessment, Plan) method.**

Vincent M. Liu  
10-11-99

S: Epigastric pain. Improved with diet. Plan previously described. O:

Abdomen: Benign.

A: 1) Epigastric discomfort improved. 2) Obesity.

P: Cont 1200 ADA diet. RTC in 3 mo for f/u or sooner p.r.n.

Lewis V. Franklin, M.D.