

(4)(i) Objective. Send reminders to patients per patient preference for preventive/follow-up care.

(ii) Measure. Reminder sent to more than 20 percent of all unique patients 65 years of age and older or 5 years old or younger were sent an appropriate reminder during the reporting period.

The screenshot displays a patient record form with the following details:

- Personal Information:** Title, First Name (Laura), Middle Initial (P), Last Name (Simpson), Suffix, Preferred Name (Laura), Birthdate (05/03/1973), Birthtime (M), Age (37 Years), Sex (Female), Marital Status (Single).
- Identification:** SSN (521-63-8754), Patient ID (106-TEST011), MRN (MR-000-052).
- Medical Information:** Resp. Provider (Starr, MD, Kelly G), Referring, Primary Care, Home Location (E IM), Facility (E IM), Language (English), Race (Caucasian), Ethnicity (Non Hispanic or Latino).
- Addresses:** Primary address: 12260 SW Farmington, Barrington, IL, ZipCode: 60010.
- Contact Information:** Phone: (847) 642-2930 (Home), (847) 226-5496 (Work); Email: lsimpson@patient.com.
- Other:** Sensitive Patient (unchecked), No users denied access, Patient Status (Active), Date of Death (//).

Buttons at the bottom include: **Get Driving Directions**, **Send E-mail**, **Get Financial Information**, **Get Financial History**, **Get Patient History**, and **Save & Continue**.

*Centricity Practice Solution features shown