



**California Medical Association's
 Electronic Health Record (EHR) Demonstration Evaluation Form**

Company: _____ Product: _____ Version: _____

Date: _____ Evaluator: _____ Title: _____

Name of Practice: _____

COMPANY OVERVIEW (refer to RFP section)

CCHIT Certification: Yes No Year Certified: _____ Category: _____

I. General Functionality *(please rate feature on scale of 1 (lowest score) to 5, (highest score))*

EHR Feature	1	2	3	4	5
Physician Dashboard					
Encounter Note					
Vitals					
Health Maintenance Alerts					
Flow Sheets					
Lab Interfaces					
ePrescribing					
Physician Education Handouts					
Anatomical Drawings					
Assessments					
Referral / Consult Letters					
CCR capable					
E & M Coding					
Formularies (drug-to-drug, drug- to- allergy)					
Patient Web Portal					
Overall Workflow, Ease-of-Use					

