

Tab/ Sub Navigation Practice Configuration Form
(NextGen EHR Only)

Community Practice Services

Fax To: 513-636-0504

Attention: Application Specialist Team

From: _____

Practice Name: _____

Date: _____

Phone: _____

Fax: _____

TABS (PILLS) (allowed 2)

1. _____

2. _____

Sub Navigation (Allowed 7 per tab/pill)

TAB _____

Sub Navigation _____

TAB _____

Sub Navigation _____

TAB _____

Sub Navigation _____

TAB _____

Sub Navigation _____

TAB _____

Sub Navigation _____

TAB _____

Sub Navigation _____

TAB _____

Sub Navigation _____