TOMS Clinical Workflow — Practice Manual

Appointment → exam → dispensing → invoice → lab job

A walk-through for front-of-house, optometrists and dispensers covering a complete patient journey from the moment an appointment is booked through to the lab job leaving the practice. The document is for TOMS on Odoo 19.

The screenshots in this manual are produced by an automated walk-through that runs the same workflow against a sanitised copy of TOMS before every system update. What you see in this document is what you get on screen.

> **A note on the test environment.** The practice in these screenshots is called *Demo Optometrists* and the patient is *DEMO — Jane Smith*. Both are fictional, used purely so the manual does not show real patient data. The orange banner at the top of every screen (*Database neutralised for testing: no emails sent, etc.*) is the safety signal that this is a sandboxed copy — no claims, emails or invoices leave the building from the environment that produced these images.

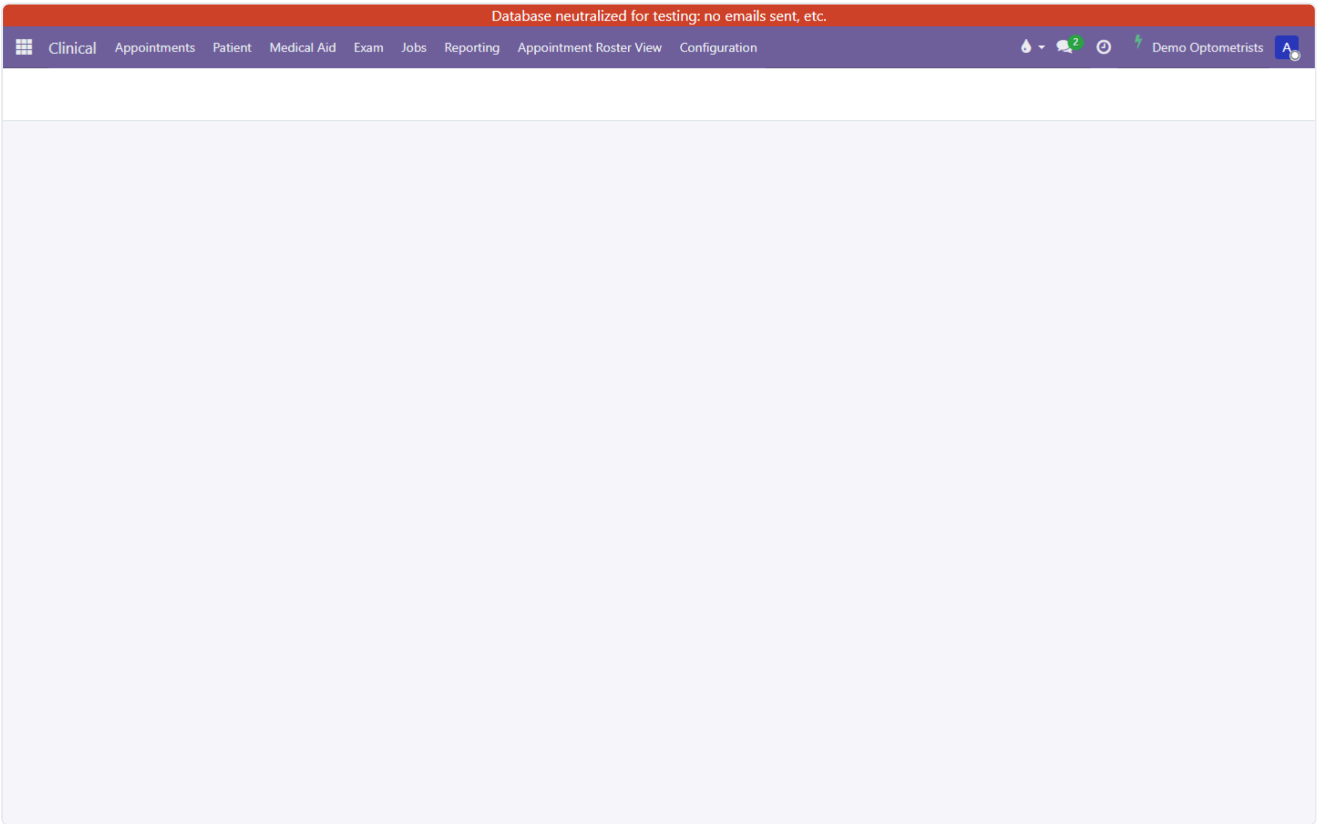
At a glance — the full journey

#	Stage	Who drives it	Where it lives
1	Sign in	Everyone	The login screen
2	Today's appointments	Front desk	Clinical → Appointments
3	Appointment form	Front desk	Click a row on the diary
4	Mark the patient present	Front desk	*Mark Present* on the appointment
5	Open Current Exams	Optometrist	Clinical → Exam → Current Exams
6	Open the exam	Optometrist	*New* on Current Exams
7	History	Optometrist	Exam *Patient Card* tab
8	Refraction	Optometrist	Exam *Refraction* tab
9	Ocular health	Optometrist	Exam *Ocular* tab
10	Photos	Optometrist	Exam *Images* tab
11	Contact lenses	Optometrist / Dispenser	Exam *Contact Lenses* tab
12	Final RX	Optometrist	Bottom of *Refraction* tab
13	Invoice the visit	Optometrist / Front desk	*Create Invoice* on the exam
14	The invoice	Front desk / Accounts	Smart button *Invoices → 1*
15	Finalise the exam	Optometrist	*Done* on the exam
16	The lab job	Lab / Dispenser	Clinical → Jobs
17	Patient summary	Everyone	Clinical → Patient

Each stage stays attached to the patient record, so the next time the patient walks in their full history — last exam, previous prescriptions, photos, lab jobs and invoices — is one click away.

1. Sign in to TOMS

Open TOMS in your browser and sign in. You land straight on the Clinical workspace — the top menu bar (Appointments, Patient, Medical Aid, Exam, Jobs, Reporting) is your main navigation through the practice's day.

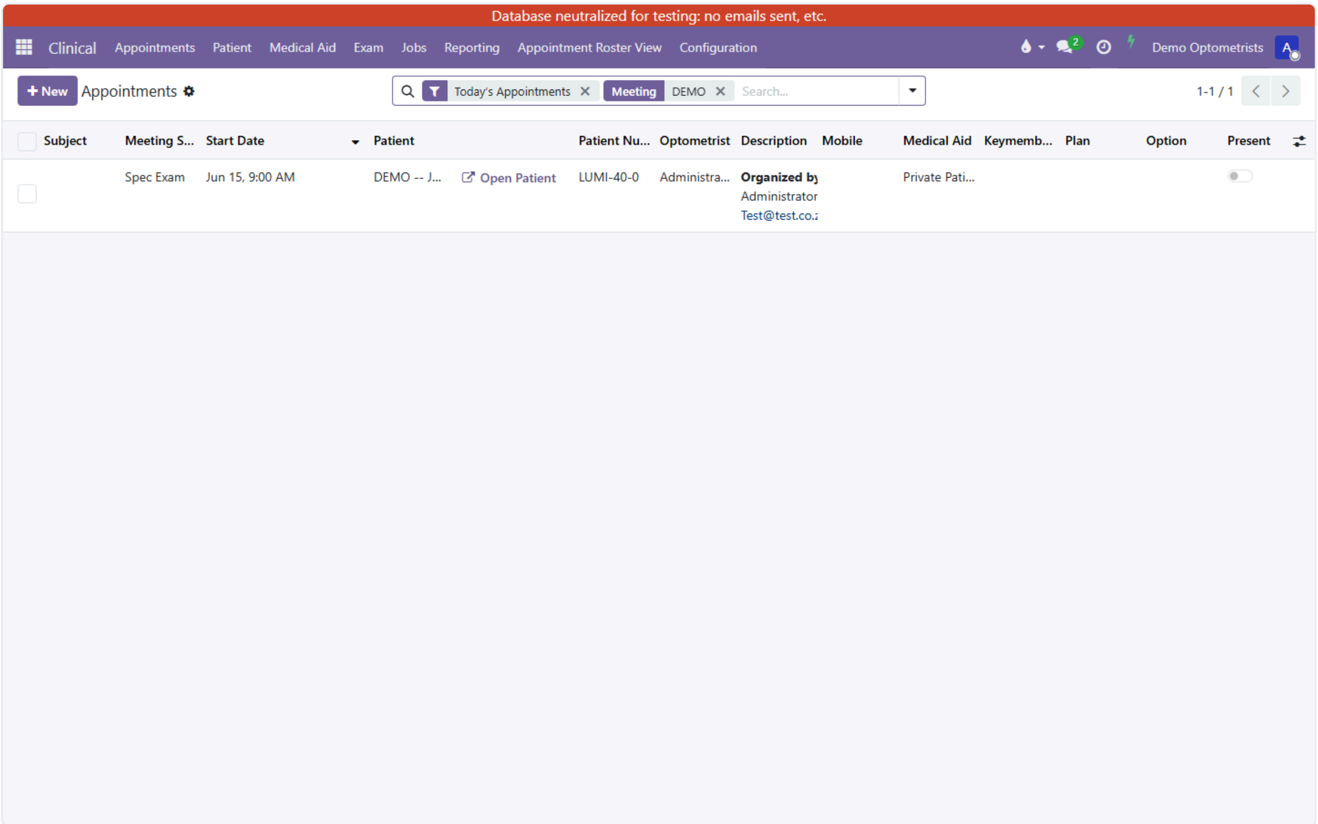


Tips

- The current practice is shown top-right. If you serve more than one practice, switch using that menu before booking or examining.
- A red banner along the top means this is a training or test copy of TOMS — anything you do is sandboxed.

2. Today's appointments

Click **Appointments** in the menu bar. You see Today's Appointments by default — every booking due today, with the patient, optometrist, medical aid and check-in status side by side. Clearing the *Today's Appointments* chip shows the full diary; the **Appointment Roster View** option in the menu gives the same data as a calendar.

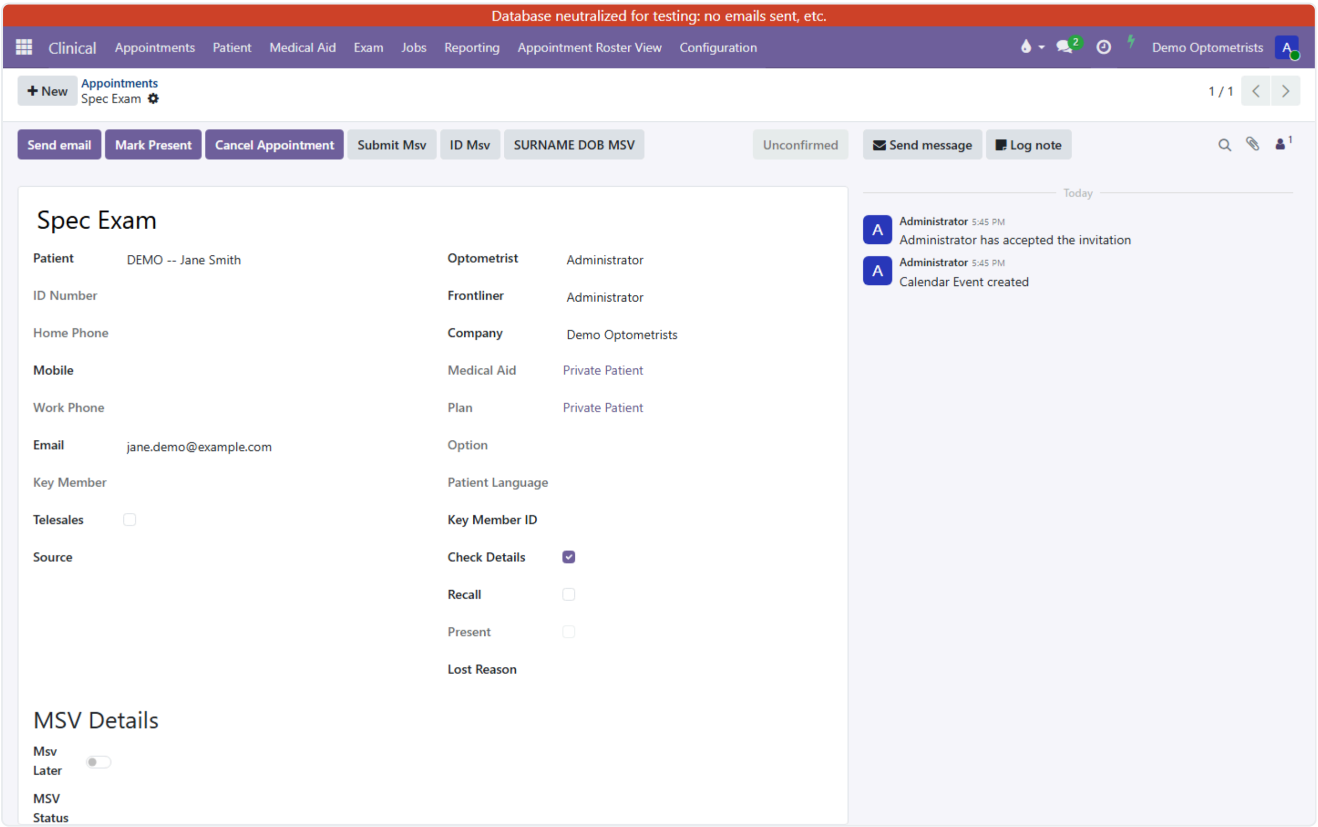


Tips

- The Search box on the right filters the list by patient name, subject or optometrist. Use it to find a booking quickly.
- Each row shows whether the patient has been marked Present — the toggle at the far right of the row. Front desk updates that toggle at check-in.

3. The appointment form

Click a row to open the appointment. The form gathers everything the consultation needs in one view: patient, optometrist, frontliner, medical aid, plan and option. Action buttons across the top let you mark the patient present, cancel, submit a Membership Status Validation (MSV) and verify ID details with the medical aid.

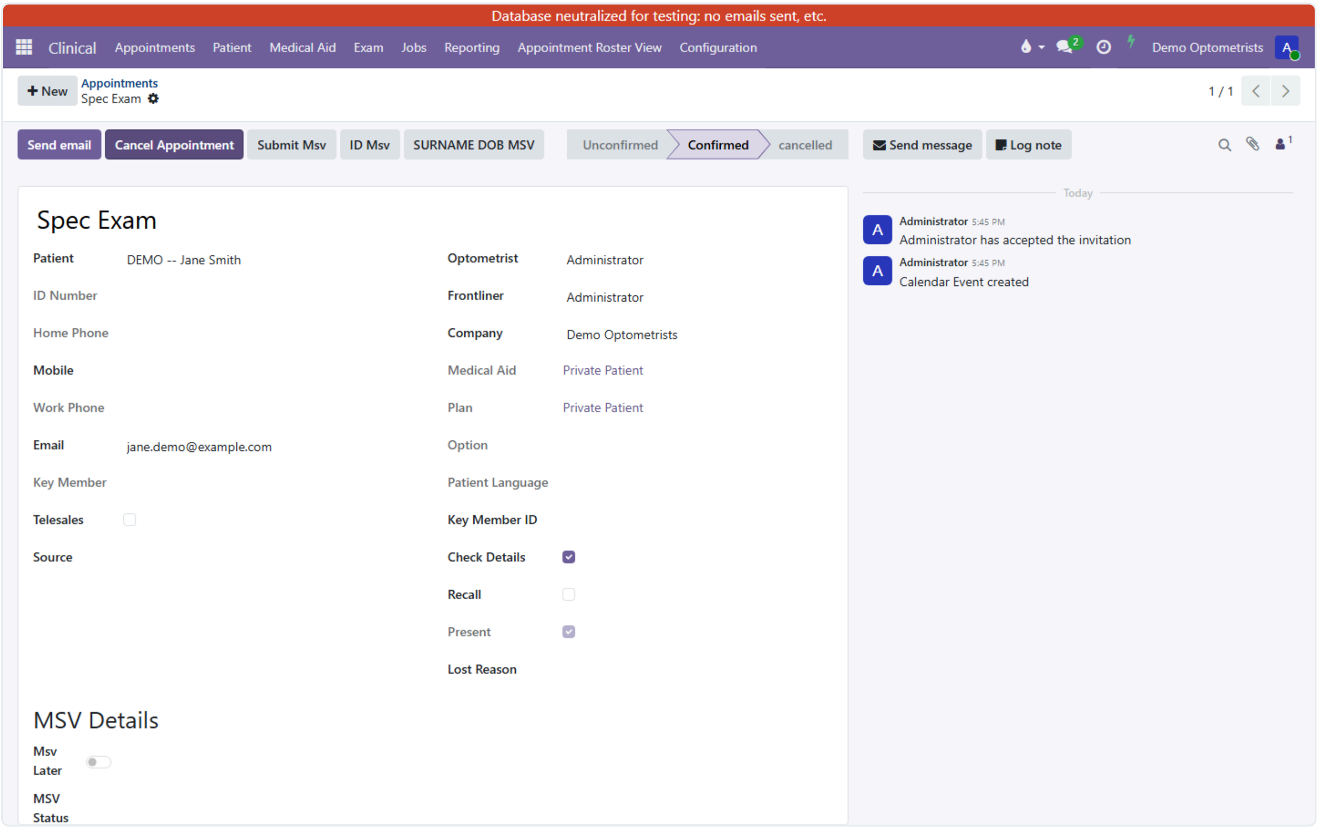


Tips

- Always confirm the medical aid and member number at booking time — the MSV check at check-in then takes seconds rather than minutes.
- If a field shows a red outline when you save, that field is required. The optometrist field is the most common offender on new bookings.

4. Mark the patient present

When the patient arrives at reception, open their appointment and click **Mark Present**. The status updates immediately — the *Present* tick appears in the middle of the form and the appointment moves to *Confirmed* in the top-right ribbon, so the optometrist knows the patient is ready. This is also the right moment to click **Submit MSV** for a medical-aid cover check before the consultation begins.

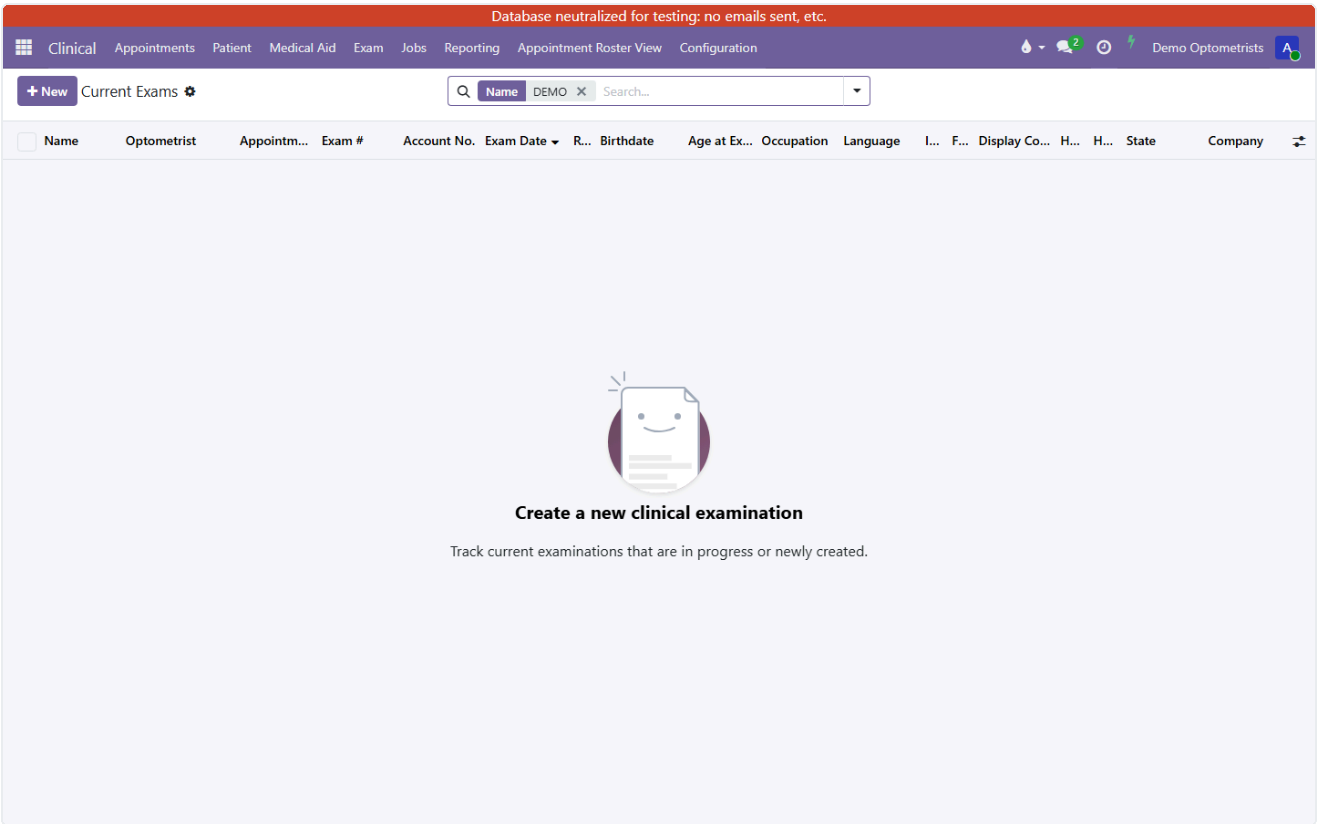


Tips

- If MSV comes back rejected, fix the membership number on the patient form (Clinical → Patient) and resubmit. Don't keep retrying a wrong number — every failed submission shows up in the medical aid's logs.
- The medical-aid shortcut buttons across the top (isoleso, Discovery, PPN, GEMS, Medscheme…) jump straight to that aid's online portal — useful when you need a benefit balance check the system can't do.

5. Open Current Exams

Once the patient is in the chair, the optometrist takes over. Open the **Exam** menu and choose **Current Exams**. This is the optometrist's worklist — every exam that's been started today but not yet finalised. Click **New** to start a fresh consultation. (Previous Exams gives you the patient's history.)

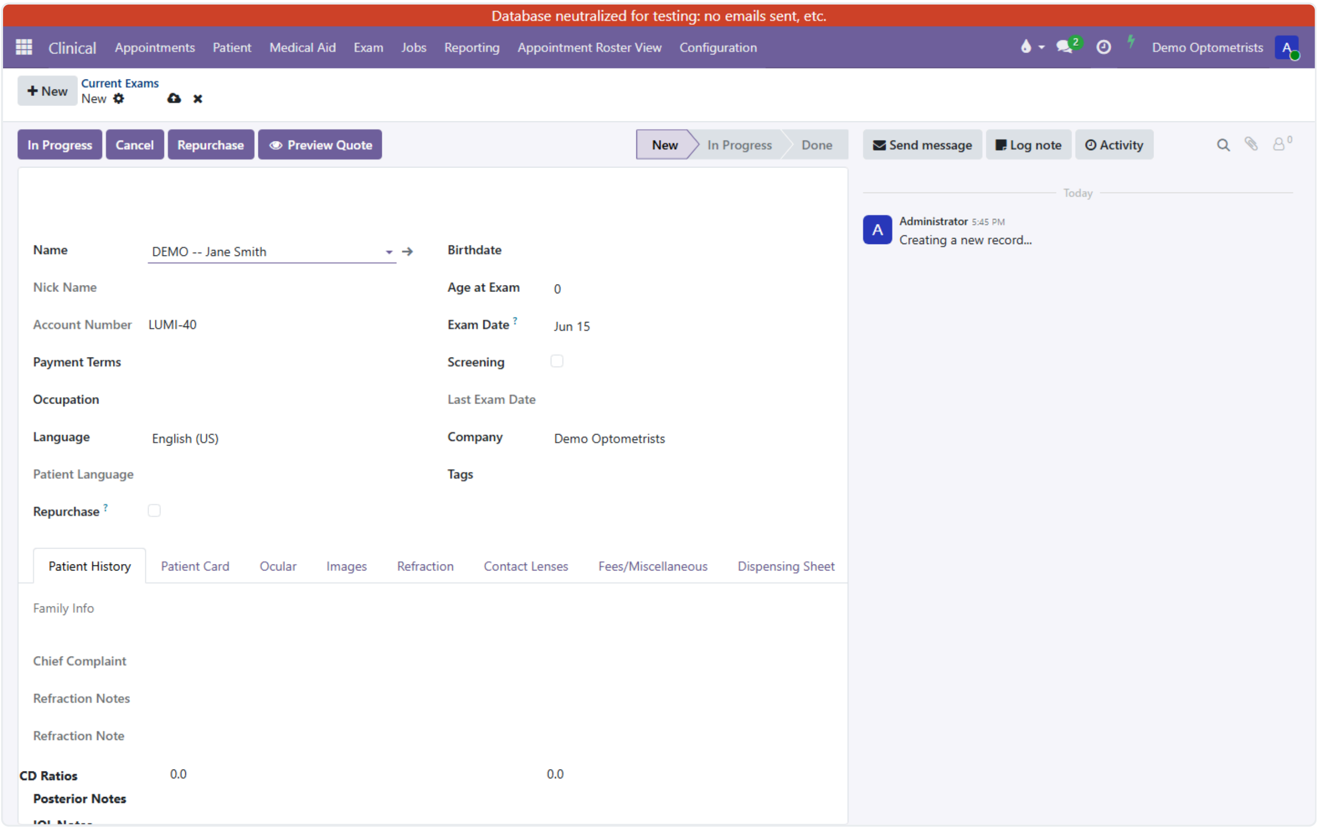


Tips

- Filter Current Exams by optometrist using the funnel-icon menu next to the search box. Useful in a multi-chair practice.
- If you ever close the exam window mid-consultation, your work is saved — just come back to Current Exams and pick up where you left off.

6. Open the exam for this patient

Click **New**, then start typing the patient's surname into the *Name* field — TOMS suggests matching patients from your records. Pick the right one (or *Create and edit* to add a new patient inline). The form opens with the patient's previous refraction, last frame and medical-aid details pre-populated where available, and the tabs along the middle of the form (Patient History, Patient Card, Ocular, Images, Refraction, Contact Lenses, Fees / Miscellaneous, Dispensing Sheet) walk you through the consultation in the order it happens in the chair.

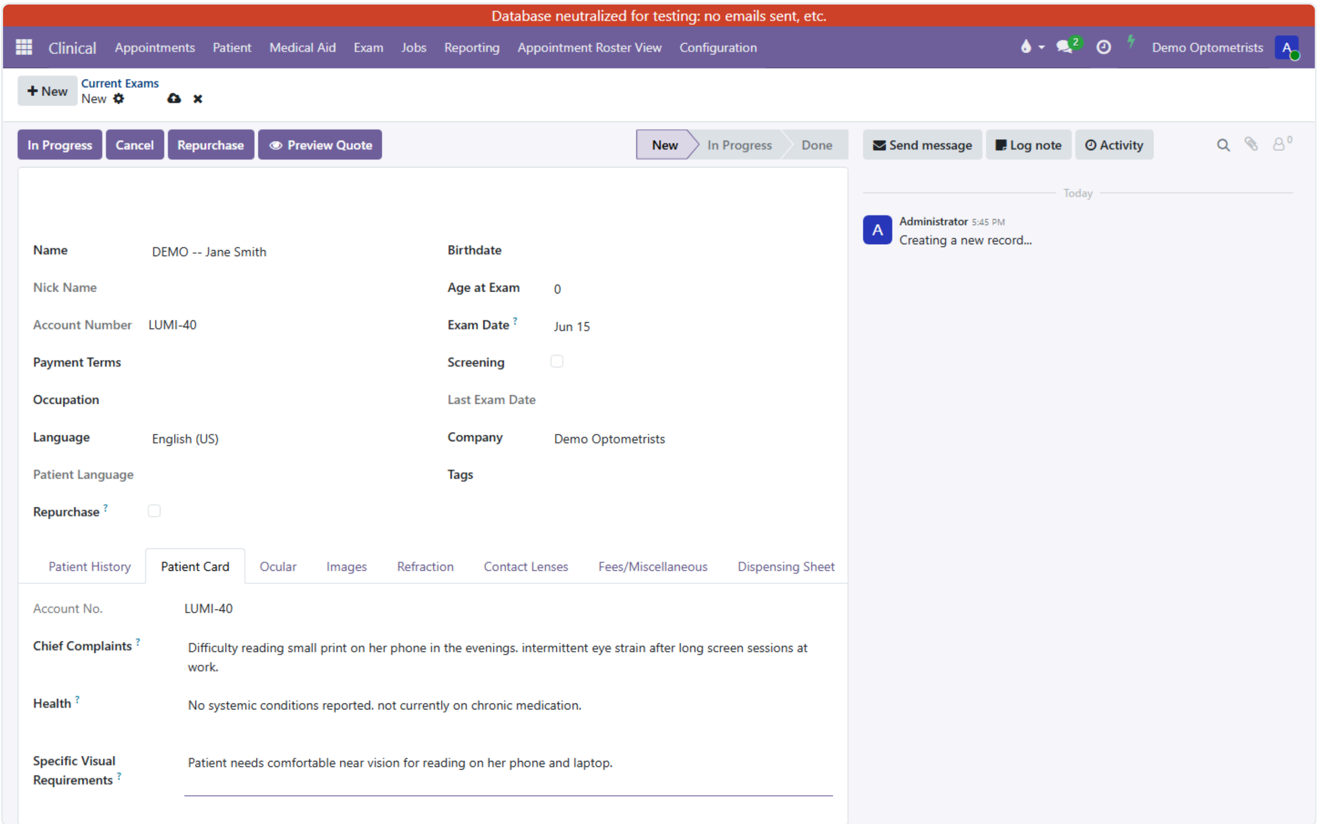


Tips

- Don't worry about saving yet — the exam saves in one go when every required field is filled. The cloud icon at the top of the form stays highlighted to remind you there are unsaved changes.
- If today's appointment is on the diary, TOMS attaches it to the exam automatically. You don't need to link anything by hand.

7. Capture the patient's history

Open the **Patient Card** tab. This is where today's history goes — chief complaint (why the patient is here), general health and any specific visual requirements. The neighbouring *Patient History* tab shows the equivalent notes from previous visits side by side, so you can spot trends across years rather than entering everything from scratch each time.

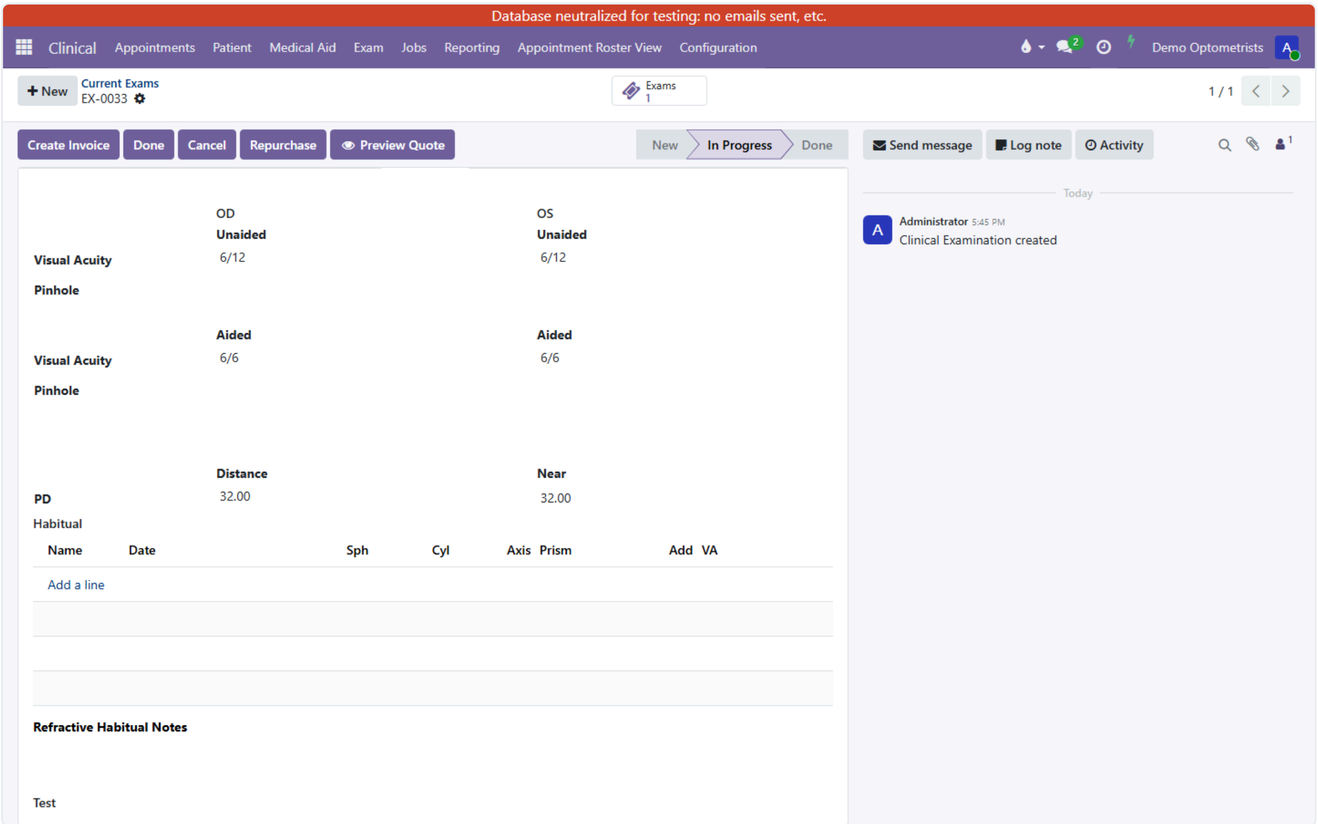


Tips

- Write the complaint so a colleague picking up the patient next year can understand the context at a glance.
- If the patient mentions a previous ocular event (cataract surgery, lens implant, retinal detachment), capture it on the *Ocular* tab too — it surfaces at the top of every future exam.

8. Record the refraction

Move to the **Refraction** tab and walk through visual acuity row by row — unaided and aided, distance and pinhole. Capture the pupillary distance (PD) for both distance and near vision. Once PD and VA are in, save the exam: the status moves from *New* to *In Progress* and buttons for **Create Invoice** and **Done** appear at the top of the form.

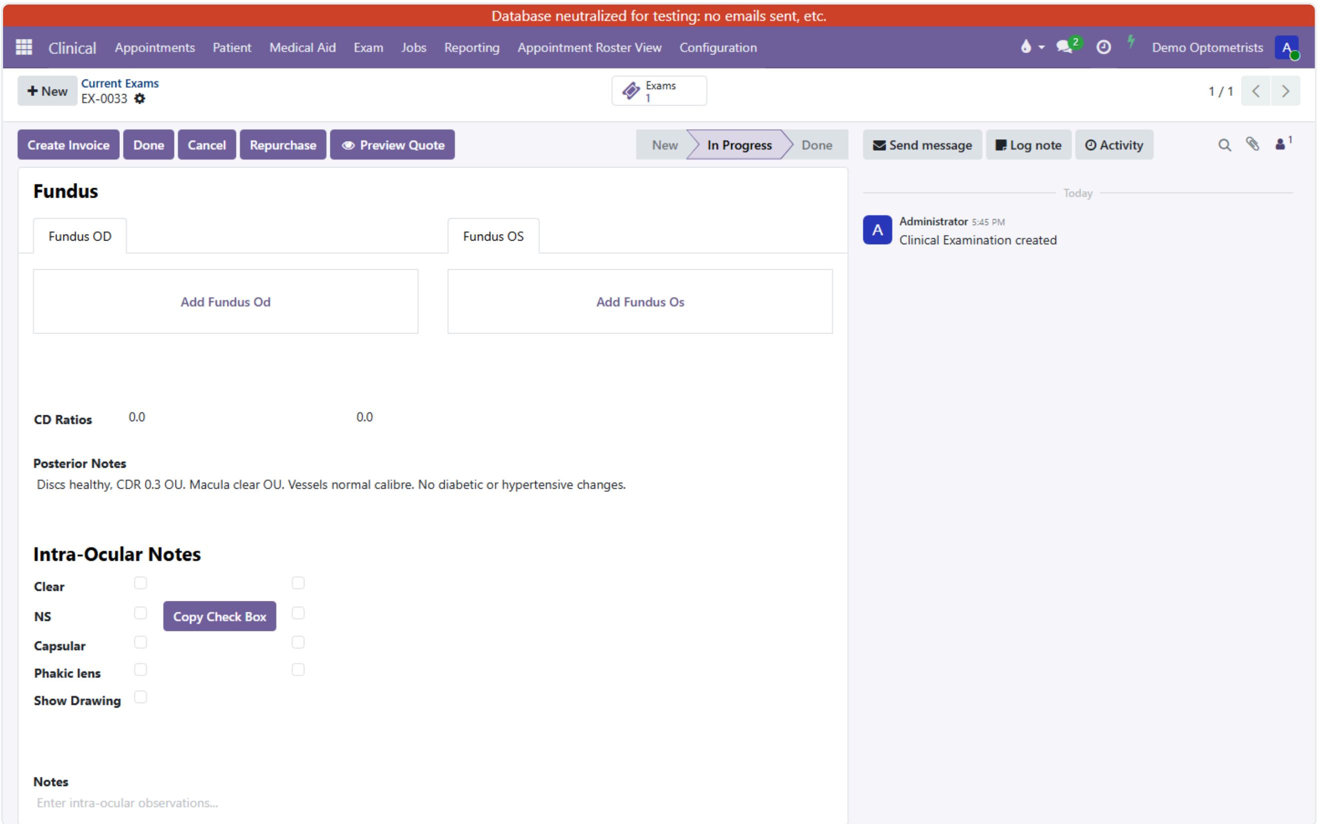


Tips

- PD is the field that most often blocks a save — TOMS validates *Please add PD* if it's missing. Capture it from the patient's frame or with a PD ruler before you move on.
- The *Habitual* table just below the VA values is for the patient's current spectacles — useful when comparing today's prescription to what they walked in wearing.

9. Anterior and posterior health

The **Ocular** tab covers anterior and posterior segment findings — intra-ocular pressures, slit-lamp impressions, disc and macula notes, vessels and any pathology. This is where ICD-10 codes that justify the consultation to the medical aid are captured, alongside notes that appear on every future exam summary.

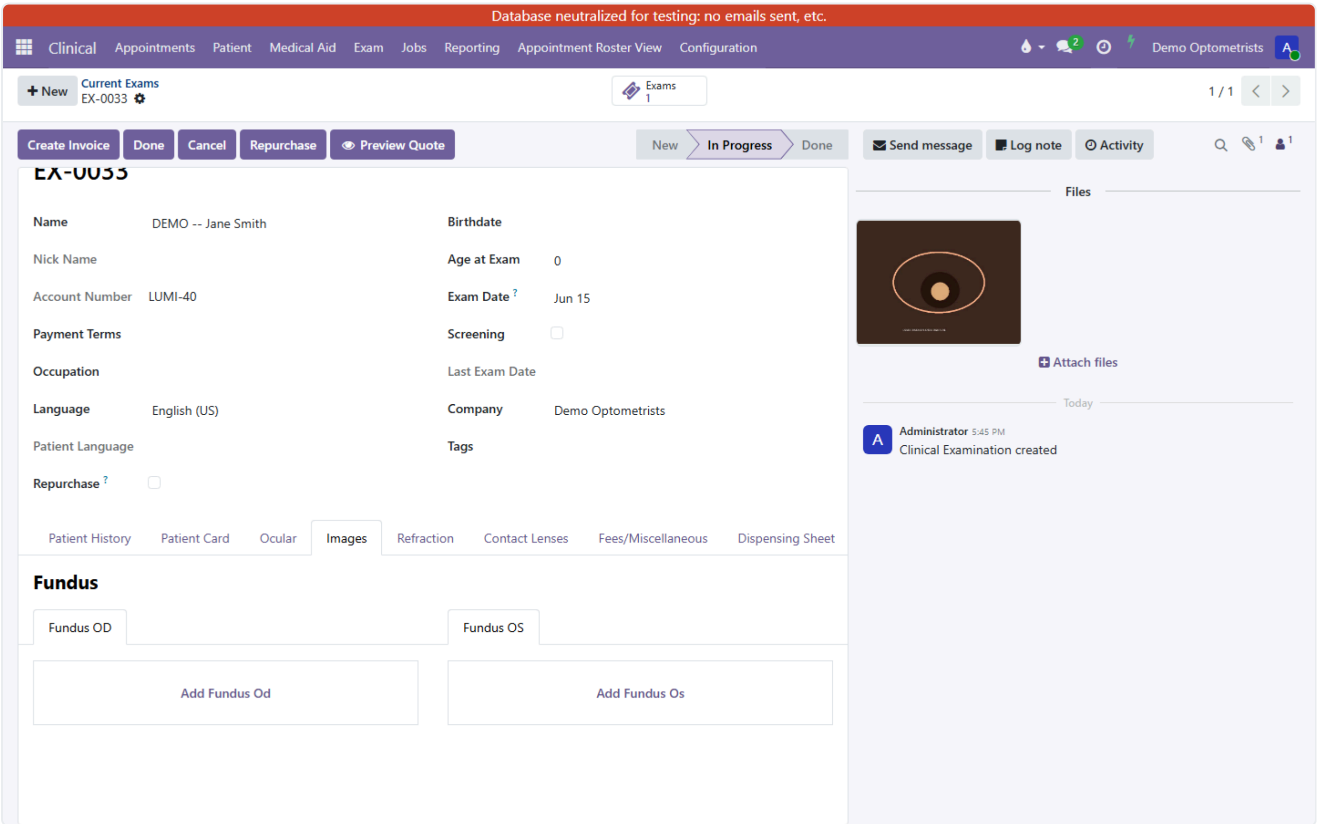


Tips

- If you find pathology, attach the ICD-10 code on the *Tests* lines that follow — medical-aid claims reference the codes there, not the free-text notes.

10. Attach a fundus image

The **Images** tab is where slit-lamp, fundus and OCT photos attach to the exam. Click **Upload** and pick the image file (or drag-and-drop). Add a one-line description so the print-out makes sense to a colleague reviewing the file later. Images attached here also surface on the patient record so historical comparisons are one click away.

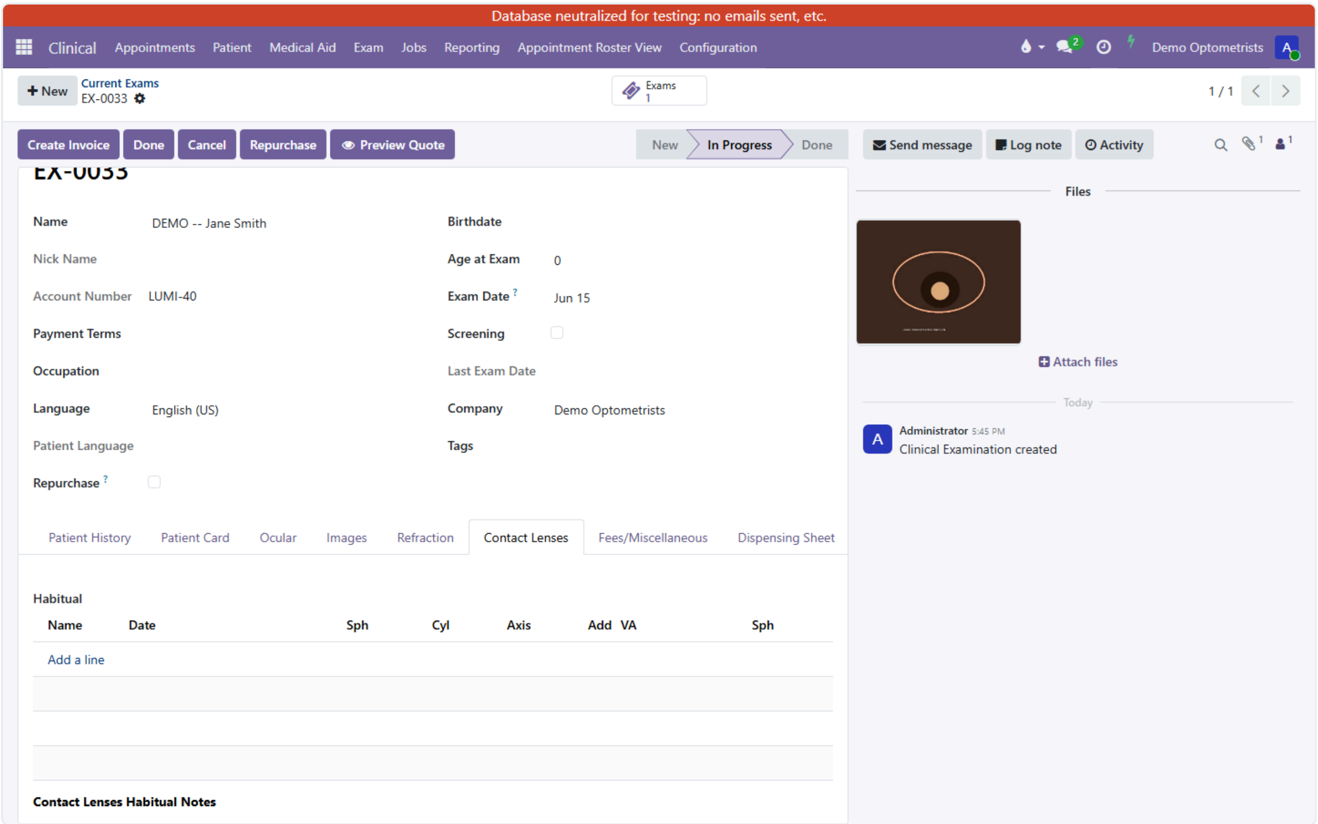


Tips

- Keep raw camera images in a per-patient folder before uploading — preserves the original off-system in case TOMS storage ever needs to be rebuilt, and lets the optometrist drag-and-drop without renaming.

11. Contact-lens dispensing

If the patient wears contact lenses, the **Contact Lenses** tab is where you capture base curve, diameter, power, brand, replacement schedule and wear pattern. Add a line per fitting — TOMS will warn you if the parameters drift away from the patient's previous prescription on file. Trial lenses can be ticked separately so they don't bill but do print on the dispense sheet.

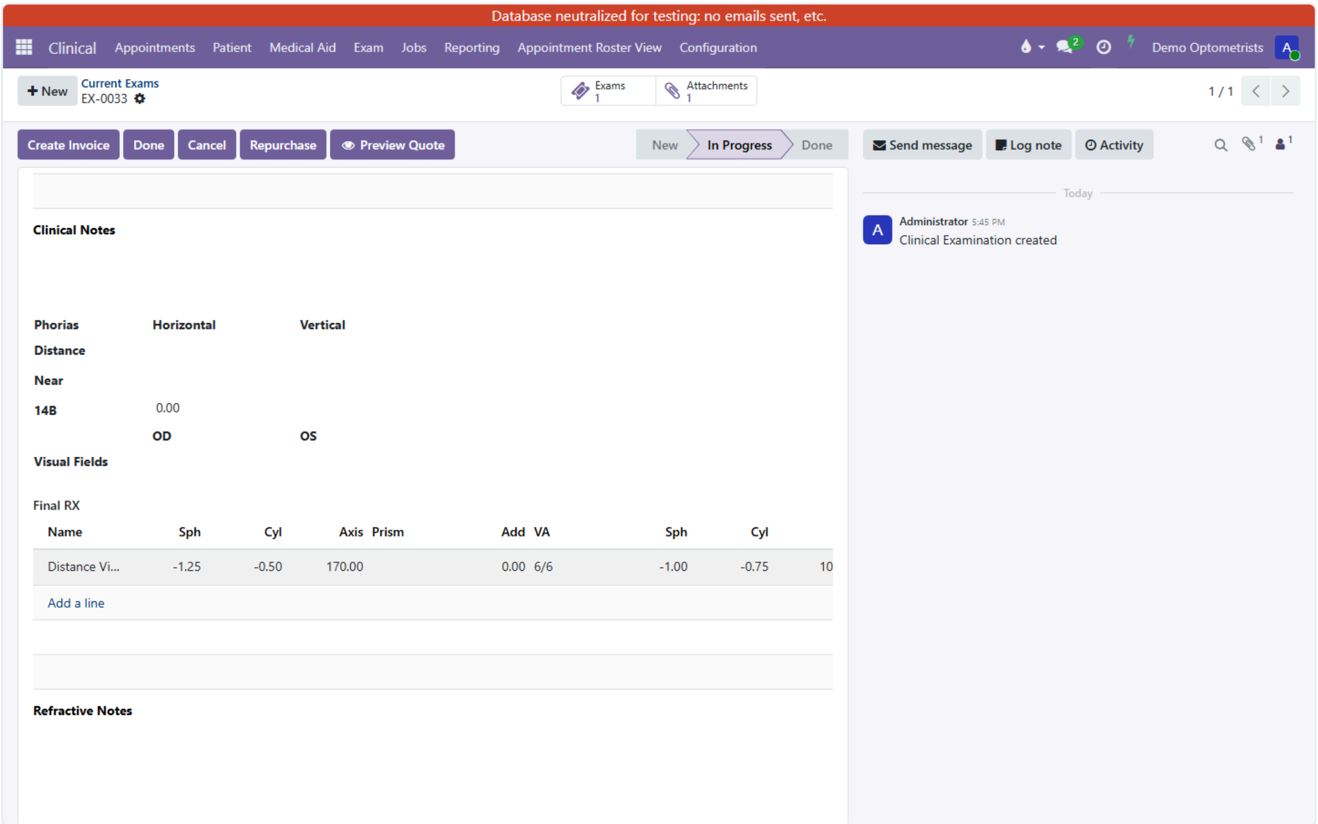


Tips

- TOMS keeps every previous contact-lens fitting on the patient record, so renewals are mostly a case of duplicating last time's line and checking the parameters against today's slit-lamp findings.

12. The Final RX

The **Final RX** table at the bottom of the Refraction tab is the prescription the patient walks out with. Add a line per pair (one for distance, one for reading, one for sunglasses…). Each line carries its own sphere, cylinder, axis, prism and add for each eye, along with the lens material, lens type and any addons the patient has chosen. The *Dispense* toggle on the line is what later opens the dispense sheet and the lab job.

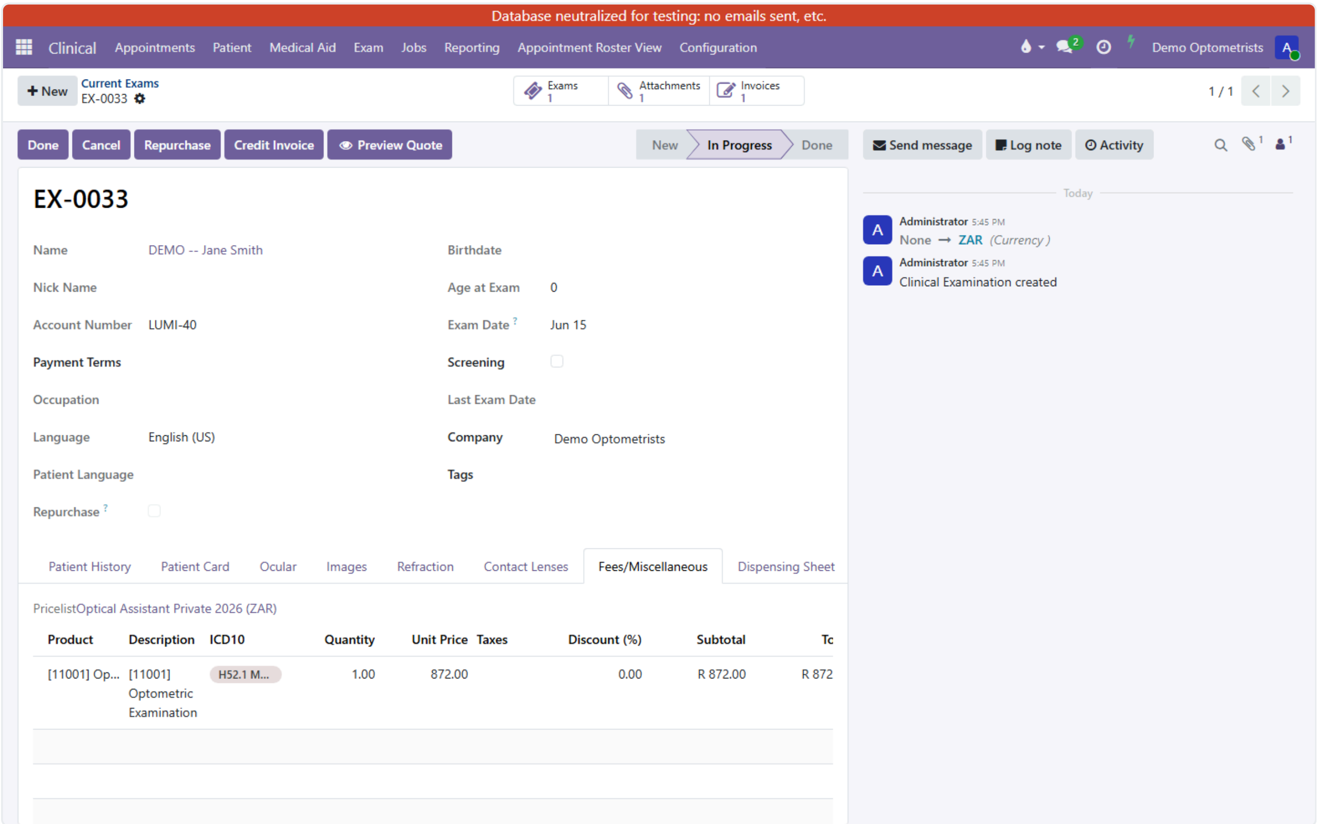


Tips

- When the final prescription matches the subjective refraction exactly, tick *Use refraction values* on the line — TOMS copies the numbers across so you don't double-enter them.
- Choose the frame *before* you click the dispense toggle. The dispense line takes a snapshot of the frame the moment it's saved.

13. Invoice the visit

When you're ready to bill, click **Create Invoice** at the top of the exam. TOMS reads the tests on the *Fees* tab, the dispensing lines and the Final RX, splits the total into a patient portion and a medical-aid portion based on the plan, and creates a draft invoice. The exam now shows the invoice number in the smart-button strip above the form — open it from there to take payment or adjust line items.

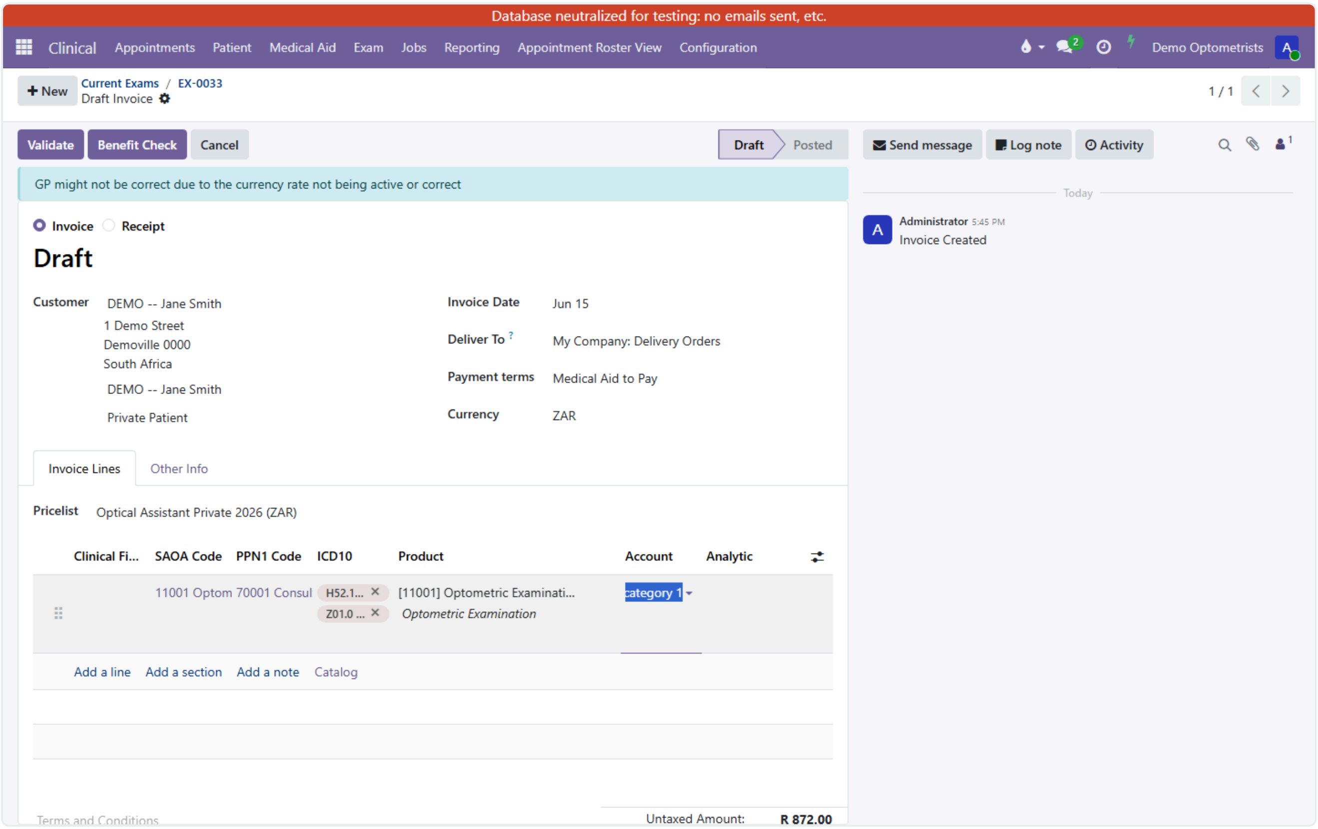


Tips

- If your practice has *Auto-validate invoice* turned on, the invoice posts immediately. Otherwise it stays in *Draft* until the front desk reviews and confirms.
- The Mediswitch medical-aid claim only fires for posted invoices carrying a medical-aid plan. Test copies of TOMS have Mediswitch switched off — invoices still post, claims just never leave the building.

14. The invoice

The smart-button strip above the exam shows **Invoices 1** as soon as the invoice has been raised. Click it to open the draft invoice. The lines from the *Fees / Miscellaneous* tab of the exam — and from *Dispensing Sheet* if you've added frame and lens lines — appear here as standard accounting line items. The front desk reviews the totals, applies any discount, registers the patient's portion as paid and posts the invoice.

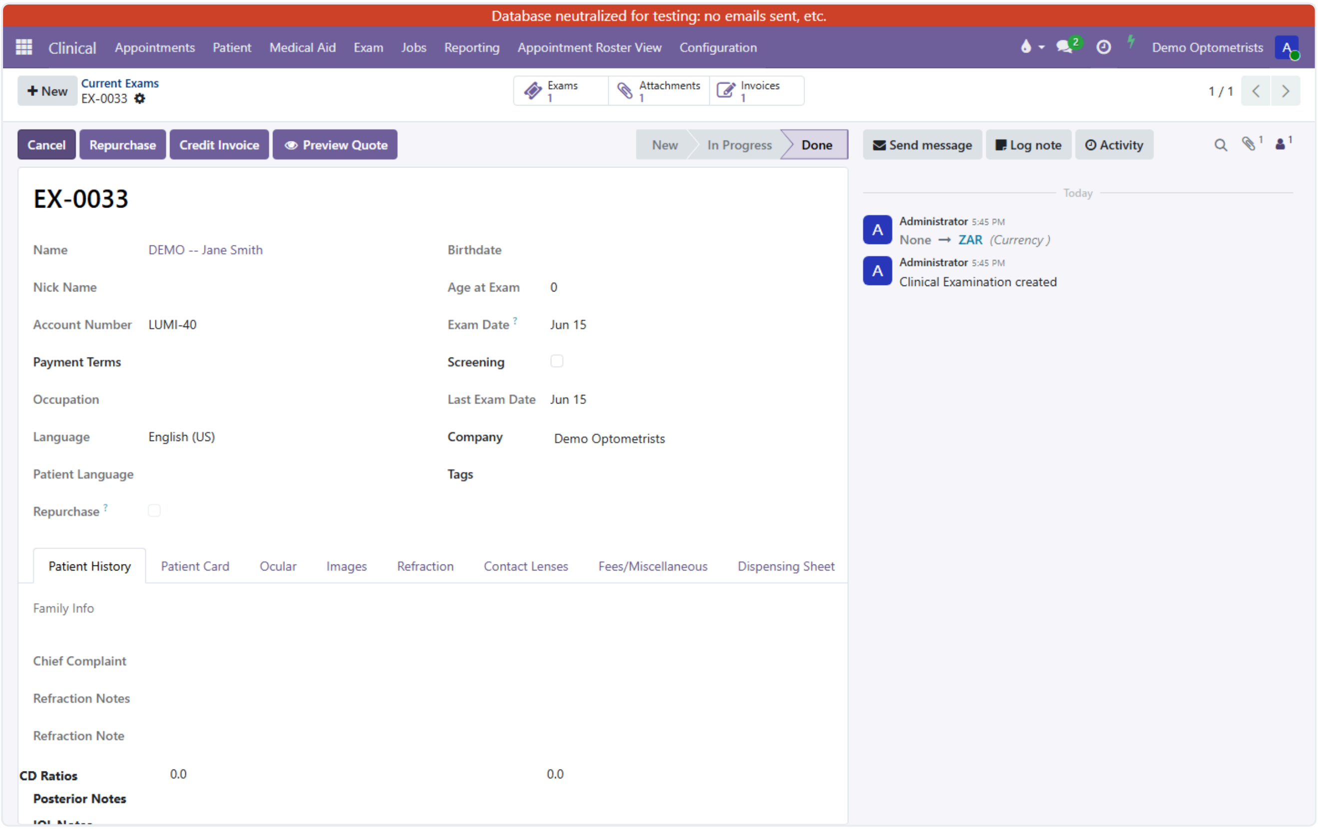


Tips

- *Confirm* posts the invoice and locks the lines. *Send & Print* additionally generates the patient's tax invoice PDF.
- If your practice runs *Auto-validate invoice* (set per company in Configuration), TOMS posts the invoice the moment you click **Create Invoice** — you go straight to the payment step.

15. Finalise the exam

Once the patient has paid, the lab job is in the queue and there's nothing left to capture, click **Done** at the top of the exam. The status moves to *Done*, the exam locks against further editing, and the next exam date on the patient record updates automatically based on the recall rule.

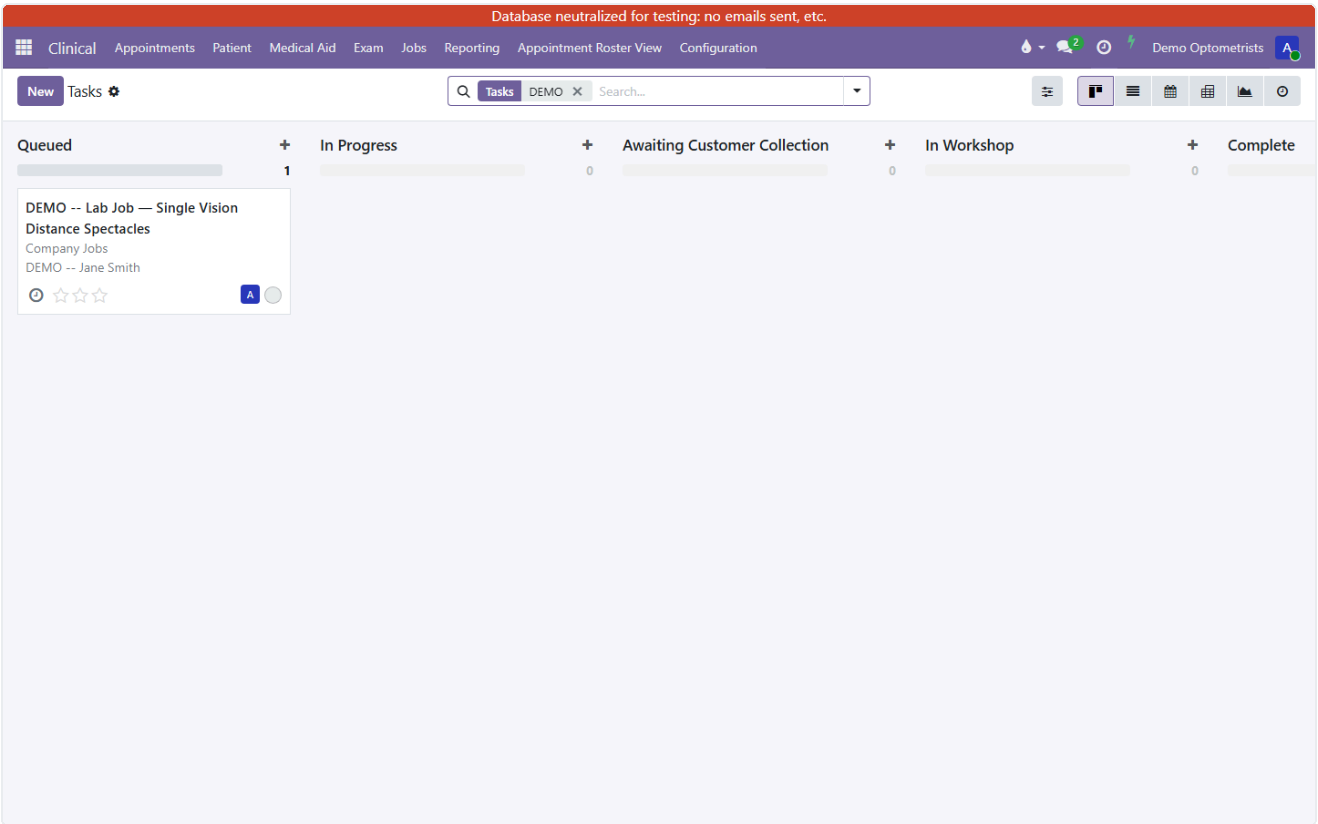


Tips

- If you close the exam by mistake (and it ends up in *Done* prematurely), the practice manager can re-open it from the *Configuration → Exam States* menu — but every change after reopening is in the audit log.

16. The lab job

Open **Jobs** from the Clinical menu to see the lab queue. Each job lists the patient, the frame, lenses and addons, and a status that the lab updates as work moves through (*Queued → In Progress → Awaiting Customer Collection → In Workshop → Complete*). When the lab marks the job *Awaiting Customer Collection*, the front desk sees it on the diary and can call the patient.

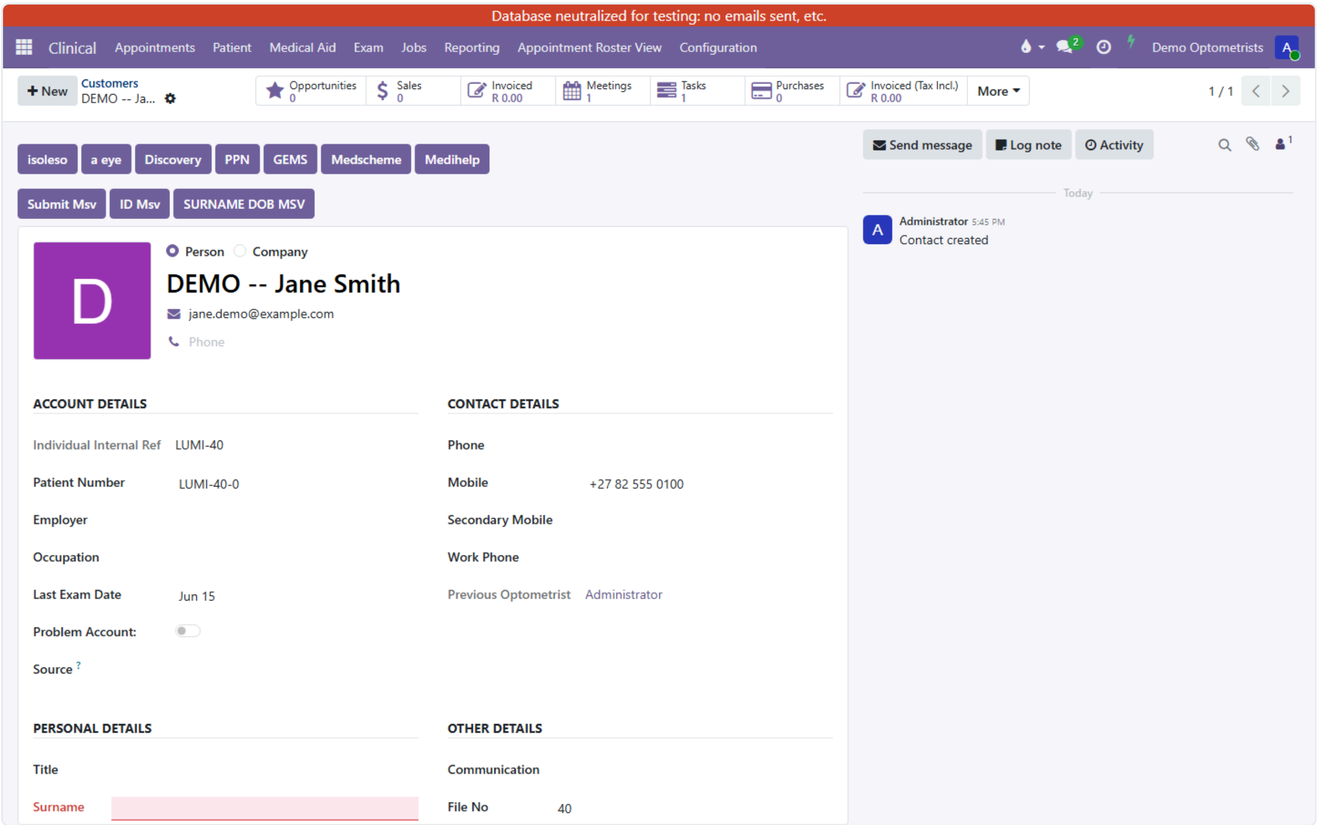


Tips

- Reception's diary picks up *Awaiting Customer Collection* jobs automatically — no need to maintain a separate collections list.
- For the dedicated lab view with stage move shortcuts, open the **Job Tracking** app from the apps menu rather than going through Clinical → Jobs.

17. The patient record after the visit

Open the patient record (*Clinical → Patient → choose patient*). The smart-buttons across the top show meetings, invoiced totals, lab tasks, MSV history and previous purchases. The visit you just completed is linked here automatically — last refraction, last frame, recall date and the invoice are all one click away the next time the patient walks in.



Tips

- Use the smart-buttons rather than the side menu when reviewing a patient — they always show counts and totals scoped to that patient.

Troubleshooting

What happened	Why it happens	What to do
Patient field shows no matches	Patient hasn't been created yet	Use *Create and edit* in the dropdown
Save fails with *Please add PD*	PD is required for the exam to save	Open *Refraction*, fill *PD → Distance* and *PD → Near*
Save fails with *Please add optometrist*	Optometrist field is empty	Set *Optometrist* on the exam header before saving
Create Invoice does nothing	The exam has no billable line yet	Add a *Fees / Miscellaneous* line for the consultation, plus dispensing lines for the spectacles
Create Invoice says *No pricelist is set*	Patient has no pricelist and the fallback isn't configured	Set a pricelist on the exam (*Pricelist* field), or on the patient (Sales & Purchase tab)
Add to Job Queue button missing on Final RX	The line hasn't been invoiced yet	Invoice the exam first; the button appears on each invoiced Final RX line
Exam won't move to *Done*	A required field is empty — usually a missing ICD-10 code on a fees line	Open *Fees / Miscellaneous*, add an ICD-10 code on every line
MSV submission fails	Member number or DOB doesn't match the medical aid's records	Update on the patient form, save, then resubmit

Where to learn more

- The Humint **Clinical & Dispensing** course on training.humint.co.za is the long-form video version of this manual — 2 h 27 min over 11 modules. Use it for staff onboarding; this manual for quick reference.
- The **Configuration** menu inside the Clinical app holds practice-level defaults (recall periods, dispense templates, default lens material). Talk to your practice manager before changing anything here.
- For software issues, log a helpdesk ticket through your practice manager. Include the patient number, the exam number and a screenshot — that's almost always enough for support to reproduce the issue.

How this manual stays current

Every screenshot in this document is captured by a Playwright walk-through that drives TOMS end-to-end against a sanitised copy of the production database. The walk-through:

1. Strips Mediswitch credentials and the claim queue from the test company so no submission can leak out.
2. Renames the company to *Demo Optometrists* and uses a fictional patient for every screenshot.
3. Walks the full journey (sign-in → appointment → exam → dispensing → invoice → lab job → patient summary) and screenshots each stage.
4. Re-renders this document so the words and the pictures cannot drift apart.

The same walk-through doubles as a regression check before every TOMS update — if the workflow breaks in the next release, this manual would fail to regenerate, and that's the warning that something needs attention before the practice sees it.