



## White Paper

### 1. EXECUTIVE OVERVIEW

Organizations are wasting many hours per day filling out paper forms and then re-entering the data into a computer system. The reason for this duplication is because certain types of employees (police officers, nurses, insurance agents, salespeople etc.) need to be away from their computers when they initially fill out their paperwork and thus need to input the data twice. If one of these steps could be eliminated, worker productivity would increase dramatically.

Active Ink Software aims to eliminate the paper form from the data input process by creating a digital form equivalent, utilizing the Tablet PC as an input device. The advantage of this solution is that it:

- Eliminates the use of paper forms.
- Streamlines the data input process.
- Reduces input errors.
- Reduces personnel costs.

Active Ink Software seeks to become a leading software developer in the emerging Tablet PC market place by eliminating the use of paper forms entirely and reducing the amount of time it takes to process the data. The company's e-form solutions will reduce operational costs, which will translate into a quick return on investment for organizations.

## 2. THE ELECTRONIC FORMS SOLUTION

### *The Tablet PC as the Input Device*

Active Ink Software digitizes paper forms so that the data can be entered on an electronic form using a Tablet PC. An electronic pen or keyboard is used to enter the data. Each field on the form is linked to a database attribute and updated automatically when the data is entered. Information stored in the database can be retrieved and displayed on the form. When data is entered incorrectly, it is highlighted in red for correction. If multiple people need to sign-off on a document, the form can be routed electronically to other individuals for approval.

### *Handwriting Recognition*

Active Ink Software supports the handwriting recognition built into the Windows XP operating system. By selecting the “Ink – Text” button, all handwriting entered is recognized as typed text and checked for validity. If an error occurs while inputting data, an electronic eraser is provided to correct the mistake.

## 3. PRODUCT FEATURES

Active Ink Software has several unique features that improve the methodology by which electronic forms get processed. These include the following

- **Template Libraries** – Forms can be stored in a library for data retrieval.
- **Pre-Populated Forms** - If the information already exists in the database, the form can be pre-populated.
- **Drop-Down Fields** – Input fields can have drop-down pick lists to allow for the selecting of the pre-defined items.
- **Workflow Routing** – Forms can be routed electronically to other individuals for approval or signature.
- **Database Integration** – Each field on the digital form can be linked to a database attribute and updated automatically as the data is input.

### **Technical Perspective:**

- **Open Standards** – The application was created using Visual Basic.Net and connects to a SQL server database. All digital forms are stored in an XML format.
- **Built-in Security** – The relational database supports audit trails, digital signatures and snapshots in time.

#### 4. TARGET MARKET

Active Ink Software's e-form solutions are targeted towards organizations that have a large number of personnel out in the field that are required to fill out paper forms and then re-input the data a second time once they get back to the office. The following organizations would be ideal customers:

- **Government Agencies:**

Local, state and federal government agencies that are heavy users of paper forms, reports and surveys.

- **Hospitals and Healthcare Institutions:**

Healthcare providers that are responsible for updating patient's records and accessing their medical history. By reducing the amount of time spent filling out forms, healthcare professionals will be able to spend more time with patients and thus provide better medical care. Below is just a sample of some of the healthcare applications that would be beneficiaries of Active Ink Software's solution:

- Admittance forms
- Patient history
- Lab forms
- Chart review
- Clinical research

- **Fire and Rescue Departments**

Firefighters and paramedics, whose reaction times are critical for saving lives, could improve their methods for saving lives by having access to the latest emergency procedures. They also would be able to update patient's records and send them electronically to hospitals and insurance agencies.

- **Law Enforcement Agencies:**

Law enforcement officers could reduce administrative costs and time-consuming paperwork by updating reports electronically and forwarding them to their supervisors for approval.

# Handwritten Text

Active Ink - [Ambulance Report]

Zoom: 100

- Accident
- Citation
- Summary Reports
- EMS Incident
- Ambulance Report
- Ambulance Report Page 2

- DFD-1234
- DFD-1234
- Ambulance Report
- Ambulance Report Page 2
- Assigned

- Accident Drawin
- Common Interse
- Upcoming Train
- Example Report

**DEPARTMENT OF HEALTH & FAMILY SERVICES** **AMBULANCE REPORT**

Division of Public Health Completion of this form meets the requirements of administrative rule HFS 110.04(3)(b).  
Some client information in this document is confidential under Wfs. Stat. 146.82(1).

DPH 7119 (Rev. 06/00)

Date Incident Reported <i>5/1/2003</i>	Service Name and ID No. <i>ARN-1234</i>	Responding Unit <i>EMS101</i>	Station <i>Station 3</i>
Incident Address / Location		Incident Municipality <i>Mil</i>	Incident County <i>Mil</i>
Destination Address / Facility Name <i>St. Mary</i>		Destination Municipality <i>Mil</i>	Destination County <i>Mil</i>
Mileage (Loaded) End <i>32010</i> Begin <i>32006</i> Total	Lights And Siren To Scene: <input type="checkbox"/> Non-Emergent, No Lights or Siren <input type="checkbox"/> Initial Emergent, Downgrade To No Lights and Siren <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Emergent Lights and Siren <input type="checkbox"/> Initial Non-emergent, Upgrade To Lights and Siren		
(Use Military Times)			
Pt Det <i>0854</i>	Call Rec. <i>0855</i>	En Route <i>0855</i>	At Scene <i>0857</i>
Crew Member Name / License No.		At Pt <i>0858</i>	Lv Scene <i>0934</i>
<i>Warren, Al</i>		<i>Warren, Nate</i>	<i>Warren, Ben</i>
Location Type <input type="checkbox"/> Clinic / Medical <input type="checkbox"/> Highway / Street <input type="checkbox"/> Industrial <input type="checkbox"/> Public Building <input type="checkbox"/> Residential <input type="checkbox"/> Educational Inst. <input type="checkbox"/> Home / Residence <input type="checkbox"/> Mine / Quarry <input type="checkbox"/> Public Outdoors <input type="checkbox"/> Restaurant <input type="checkbox"/> Airport <input type="checkbox"/> Farm <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Recreational / Sport <input type="checkbox"/> Waterway			
Response Type <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Response To Scene <input type="checkbox"/> Standby <input type="checkbox"/> Intercept <input type="checkbox"/> Scheduled Interfacility Transfer <input type="checkbox"/> Unscheduled Interfacility Transfer			
Patient Last Name / First / M.I.		Mailing Address	City    State    Zip Code
Emergency Contact Name		Address	City    State    Zip Code
Personal Physician	<input type="checkbox"/> N/A	Date of Birth	Age    Weight
Social Security No. (Optional)	Race	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	
Employer	Address	City	State    Zip Code
Insurance 1	Group No.		Insured I
Insurance 2    If MVA, Agency	Address	Phone	Group No.    Insured I
Medicare	HMO		Medicaid
<b>Signs / Symptoms</b> <input type="checkbox"/> Bloody Stool <input type="checkbox"/> Diarrhea <input type="checkbox"/> Headache <input type="checkbox"/> Paralysis <input type="checkbox"/> Syncope <input type="checkbox"/> Breathing Difficulty <input type="checkbox"/> Dizziness <input type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Palpitations <input type="checkbox"/> Trauma <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Ear Pain <input type="checkbox"/> Hypothermia <input type="checkbox"/> Pregnancy / Childbirth <input type="checkbox"/> Unresp. / Uncons <input type="checkbox"/> Back Pain <input checked="" type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Eye Pain <input type="checkbox"/> Nausea <input type="checkbox"/> Respiratory Arrest <input type="checkbox"/> Vaginal Bleeding <input type="checkbox"/> Bleeding <input type="checkbox"/> Choking <input type="checkbox"/> Fever/Hyperthermia <input checked="" type="checkbox"/> Numbness <input type="checkbox"/> Seizures / Convulsions <input type="checkbox"/> Vomiting			

# Ink to Text Conversion

Active Ink - [Ambulance Report] \_ □ ×

Zoom 100 ▾

- Accident
- Citation
- Summary Reports
- EMS Incident
  - Ambulance Report
  - Ambulance Report Page 2

- DFD-1234
  - DFD-1234
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- Accident Drawing
- Common Interest
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Date Incident Reported <b>5/1/2003</b>	Service Name and ID No. <b>ARN-1234</b>	Responding Unit <b>EMS101</b>	Station <b>Station 3</b>
Incident Address / Location <b>Milwaukee</b>		Incident Municipality <b>Milwaukee</b>	
Destination Address / Facility Name <b>St. Mary's Hospital</b>		Destination Municipality <b>Milwaukee</b>	
Destination County <b>Milwaukee</b>			

Mileage: (Loaded) End **32010** Begin **32006** Total **4**

(Use Military Times)

Lights And Siren To Scene:

Non-Emergent, No Lights or Siren     Initial Emergent, Downgrade To No Lights and Siren     N/A

Emergent Lights and Siren     Initial Non-emergent, Upgrade To Lights and Siren

<b>08:54</b> Pt Det	<b>08:55</b> Call Rec	<b>08:55</b> En Route	<b>08:57</b> At Scene	<b>08:58</b> At Pt	<b>09:34</b> Lv Scene	<b>09:34</b> At Des
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Crew Member Name / License No.

1. <b>Warren, Allan Eugene</b>	2. <b>Warren, Nathan Allan</b>	3. <b>Warren, Benjamin Robert</b>	4.
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Location Type	Response Type	Mailing Address	City
<input type="checkbox"/> Clinic / Medical <input type="checkbox"/> Educational Inst. <input type="checkbox"/> Airport <input checked="" type="checkbox"/> Farm	<input type="checkbox"/> Mutual Aid <input type="checkbox"/> Intercept <input type="checkbox"/> Response To Scene <input type="checkbox"/> Scheduled Interfacility Transfer <input type="checkbox"/> Standby <input type="checkbox"/> Unscheduled Interfacility Transfer	<input type="checkbox"/> Highway / Street <input type="checkbox"/> Home / Residence <input type="checkbox"/> Hospital	<input type="checkbox"/> Industrial <input type="checkbox"/> Mine / Quarry <input type="checkbox"/> Nursing Home <input type="checkbox"/> Public Building <input type="checkbox"/> Public Outdoors <input type="checkbox"/> Recreational / Sport <input type="checkbox"/> Residential <input type="checkbox"/> Restaurant <input type="checkbox"/> Waterway

Patient Last Name / First / M.I.    Mailing Address    City    State    Zip Code

Emergency Contact Name    Address    City    State    Zip Code

Personal Physician     N/A    Date of Birth    Age    Weight

Social Security No. (Optional)    Race     White     Black     Unknown  
 Hispanic     American Indian/Alaska Native  
 Asian/Pacific Islander     Other

Employer    Address    City    State    Zip Code

Insurance 1    Group No.    Insured

Insurance 2    If MVA, Agency    Address    Phone    Group No.    Insured

Medicare    HMO    Medicaid

Signs / Symptoms	<input type="checkbox"/> Bloody Stool	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Headache	<input type="checkbox"/> Paralysis	<input type="checkbox"/> Syncope
<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Breathing Difficulty	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Hypertension	<input checked="" type="checkbox"/> Palpitations	<input type="checkbox"/> Trauma
<input type="checkbox"/> Back Pain	<input checked="" type="checkbox"/> Cardiac Arrest	<input type="checkbox"/> Ear Pain	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Pregnancy / Childbirth	<input type="checkbox"/> Unresp. / Uncon.
<input type="checkbox"/> Bleeding	<input checked="" type="checkbox"/> Chest Pain	<input type="checkbox"/> Eye Pain	<input type="checkbox"/> Nausea	<input type="checkbox"/> Respiratory Arrest	<input type="checkbox"/> Vaginal Bleeding
	<input type="checkbox"/> Choking	<input type="checkbox"/> Fever/Hyperthermia	<input checked="" type="checkbox"/> Numbness	<input type="checkbox"/> Seizures / Convulsions	<input type="checkbox"/> Vomiting



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