

How to use the Infograbber

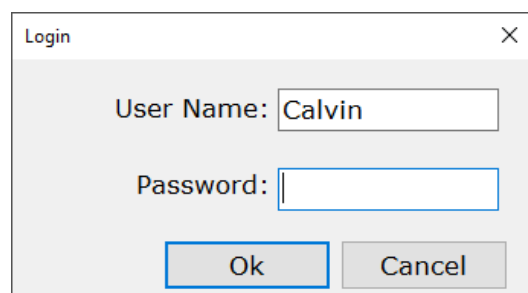
131 [TDO KB](#) February 24, 2026 [New User resources](#), [TDO software](#) 51.47K

Overview

If you are registered for the TDO Web/Cloud Services, you can use an iPad for the web based Infograbber version. If you do not subscribe to this service, a Windows based laptop, desktop, or tablet that can install Windows applications will work for Infograbber Patient registration.

Detailed Instructions

Infograbber is included on all computers that have TDO installed . You can find it by opening the **Start** menu, browsing to **All Programs, The Digital Office** and then selecting **Infograbber**. The login used it the same username and password used to log in to TDO.

A screenshot of a Windows-style login dialog box titled "Login" with a close button (X) in the top right corner. The dialog contains two text input fields: "User Name:" with the text "Calvin" entered, and "Password:" which is empty. Below the fields are two buttons: "Ok" and "Cancel".

Login

User Name: Calvin

Password:

Ok Cancel

After that, a list of patients comes up, just select the patient you want to register. Select which modules you want them to complete (ex. If they are coming back for a recall, you may just want the medical history updated, so uncheck the other modules). Then select the Consent Forms you want them to sign.

Select Patient

Filter

Last Name: First Name: Preferred Language:

Last Name	First Name	MI	Patient Id
Amy	Amy		120062
Bbb	Bbb		120084
Bell	Kristen		2
Bell	Snow		120373
Bens	Mike		120344
Bobby	Ricky		120268
Boogie	Oogie		120248
Boris	Leanne		120362

Modules to Display

☒ **Select All**

☒ Patient Registration

☒ Insurance Card Info

☒ Medical History

☒ Pain History

☐ Treatment Questionnaire

Consent Forms:

This is new
Kevin is Ok
Cheryl is Cool
Min Sedation temp fix
Min Sedation

Left click your mouse above to unselect/select consent forms

Ok Cancel

And after clicking **Ok**, hand over the tablet to the patient.

TDO InfoGrabber 2.0 - Calvin Chang (ID# 120296) - [Patient Registration]

Name:

Salutation: First Name: MI: Last Name: Suffix:

☐ Send SMS

Misc. Data:

Birth Date: Social Security: Gender:

Address And Information:

Address:

Address: (Cont.)

City: State/Province: Zip/Postal Code:

Phone:

Home Phone:

Work Phone:

Mobile Phone:

Fax:

Email:

Email Home:

Email Work:

Employment Information:

Occupation: Employer Name:

Employer Address:

☐ No Insurance

Dental Insurance Company:

Finish

TDO InfoGrabber 2.0 - Calvin Chang (ID# 120296) - [Medical History]

File

Click here to answer OK to all questions

Step 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

1. Are you in good health? ☐ Yes ☐ No ☐ Unknown 
2. Do your gums bleed when you brush? ☐ Yes ☐ No ☐ Unknown 
3. Have you ever had orthodontic (braces) treatment? ☒ Yes ☐ No ☐ Unknown 
4. Do you have earaches or neck pains? ☐ Yes ☐ No ☐ Unknown 
5. Have you had any periodontal (gum) treatments? ☐ Yes ☐ No ☐ Unknown 
6. Do you wear a removable dental appliance? ☐ Yes ☐ No ☐ Unknown 
7. Have you had serious trouble associated with any previous dental treatment? If so, explain. ☐ Yes ☐ No ☐ Unknown 
8. Have you had head, neck, or jaw injuries? ☐ Yes ☐ No ☐ Unknown 
9. Do you have or have you been diagnosed or treated for temporomandibular joint problems (TMJ)? ☐ Yes ☐ No ☐ Unknown 

Previous Step Next Step Finish

Adding Prescriptions:

TDO InfoGrabber 2.0 - Calvin Chang (ID# 120296) - [Medical History]

File

Step 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Height: Weight:

Are you taking any medication? If yes, click "Enter Medication" below.

Medication Information:

Enter Medication Edit Medication Mark as Stopped

Medication Prescribed	Reason for Taking	Qty	Frequency	Date	Stopped Taking
Lisinopril					☒
Amoxicillin	prescribed	1	3 times a day		☐

Emergency Contact Info

First Name: Last Name:

Home Phone: Work Phone:

Previous Step Next Step Finish

Pain History:

TDO InfoGrabber 2.0 - Calvin Chang (ID# 120296) - [Pain History]

File

Step 1 2 3 4 5 6 7 8

1. Have you experienced pain in this tooth at any time in the past?

☐ Yes ☐ No

If you answer "No" to the next question you will be taken to question #17

2. Are you in pain now (or have you ever had pain with this tooth)?

☐ Yes ☐ No

3. If you are in pain now, how long have you been in pain?

☐ 1 Day ☐ 2 Days ☐ 3 Days ☐ 4 Days ☐ 5 Days

☐ 6 Days ☐ 1 Week ☐ 2 Weeks ☐ 3 Weeks ☐ >3 Weeks

4. Did this pain either keep you awake or awaken you last night?

☐ Yes ☐ Yes, and I have been up all night in pain

☐ No ☐ No, but it has before

Previous Step Next Step Finish

Consent Forms:

TDO InfoGrabber 2.0 - Calvin Chang (ID# 120296) - [Consent Form]

File

IMPORTANT APPOINTMENT INFORMATION

Please bring the following information with you to your appointment:

- ☐ Referral Slip and
 - 1 Images (X-rays) if any and date taken
 - 2 Driver's License or State ID
 - 3 Dental Insurance Card(s)
 - 4 Policy Holder Information
- ☐ We will need policy holder's name, birthday, SS# or dental plan ID# and employer

Dental Plan
We will only provide you with an estimated copay for consult and treatment. Copayments will vary due to the type of dental plan you are currently enrolled in.

Estimated Copayments

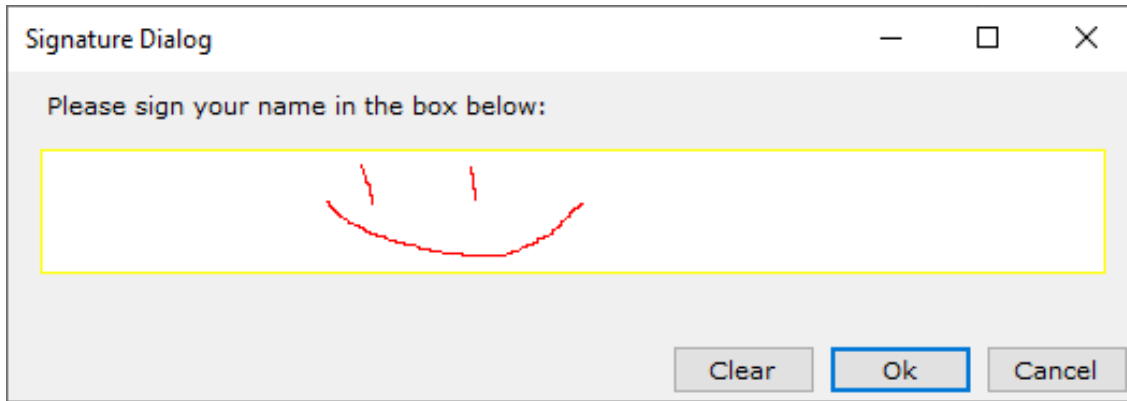
- Consultation \$130
- Consultation and Treatment \$130 - \$1000

Comments:

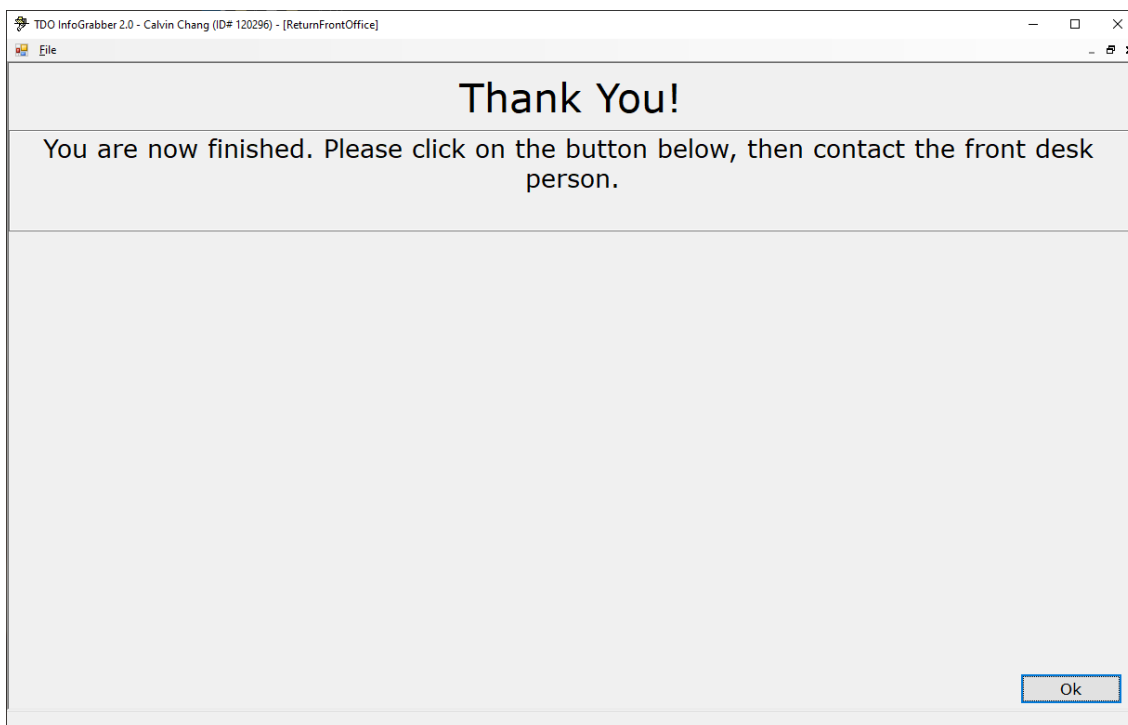
☐ I have read and understand the above

Finish

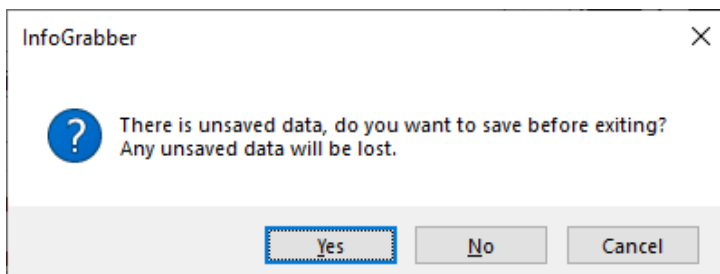
The Digital Signature which will link to all selected modules and forms



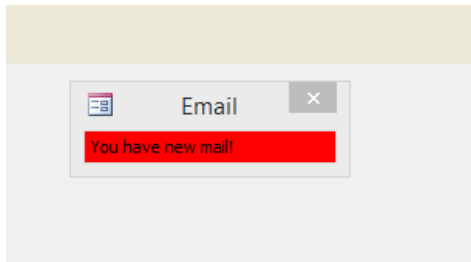
Infograbber will thank the patient upon completion and then close down:



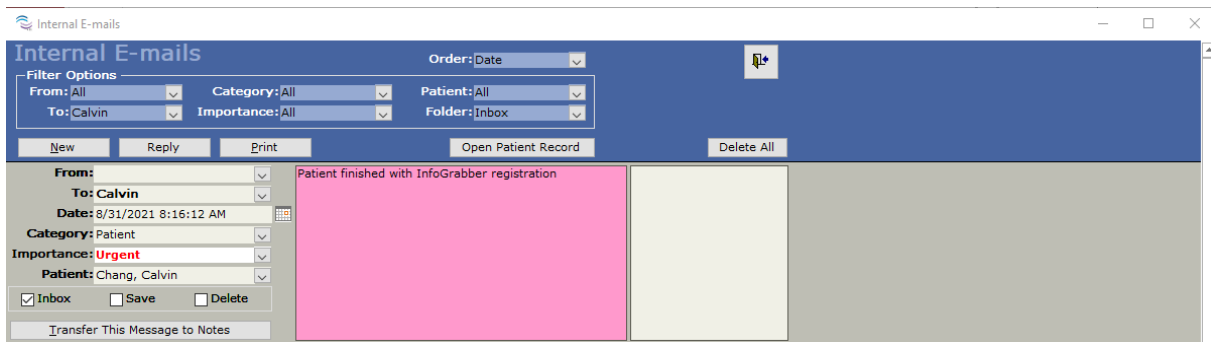
When you close Infograbber, you will see this message, but unless your wireless connection is down, or a firewall is on, the data will automatically save into TDO, so just click Yes:



TDO sends an Internal Email alerting the office that the patient has completed their Infograbber registration:



Click on the Email notification:



It is time to go to the waiting room and seat your patient.

Note: The Infograbber can display in several languages, which can be selected in the patient's record in TDO before logging into the Infograbber. See the Image below.

 A screenshot of a patient registration form. On the left, there is a photo of a woman. To the right of the photo, the form contains the following fields: 'City: Santa Monica', 'State: CA', 'Zip: 90410', 'Phone(Home): 5555551212', 'Phone(Work): 5555521232', 'Phone(Mobile): 88585583696', 'Phone(Fax):', 'SS#: *****', 'Birthdate: 15.02.72', 'Age: 42', and 'Gender: Male'. Below these fields, there is a section for 'Preferred Language for InfoGrabber/Web:' with a dropdown menu showing 'English', 'French', 'French-Canada', 'German', 'Portuguese', and 'Spanish'. To the right of this section, there is a section for 'Prefer Correspondence via:' with checkboxes for 'Mail', 'Fax', and 'Email (H)'. Below this, there are checkboxes for 'Patient will call to set up a', 'Need to call patient to set', 'Do Not Schedule', and 'Deceased'.

You can add as many consent forms to TDO as you wish. TDO does not automatically translate the consent forms into other languages, since these forms are unique to each office. We do have Spanish forms here for you, if you wish to use ours on our [Support Materials page](#)

This is an example of the Spanish registration page:

TDO InfoGrabber 2.0 - Ouro Kronii (ID# 120382) - [Patient Registration]

File

Name: ☐ Recibir Mensajes de Texto

Título: Nombre: 2º Nombre: Apellido: Sufijo:

Misc. Data:

Fecha de nacimiento: Seguro Social: Sexo:

Address And Information:

Dirección:

Dirección: (Cont)

Ciudad: Estado/Provincia: Código Postal:

E-mail:

E-mail Personal:

E-mail Trabajo:

Employment Information:

Ocupación: Nombre del Empleador:

Dirección Del Empleador:

☐ No Insurance

Compañía de Seguros Dental:

Finalizar

A Spanish Consent Form:

TDO InfoGrabber 2.0 - Ouro Kronii (ID# 120382) - [Consent Form]

File

FORMULARIO CORTO

CONSENTIMIENTO A PARTICIPAR EN UN ESTUDIO DE INVESTIGACIÓN

Se le pide que participe en un estudio de investigación. Antes de que decida si va a participar o no, es importante que haya recibido una explicación oral de este estudio en un idioma que entienda. La siguiente declaración representa lo que usted está aceptando cuando firme este formulario de consentimiento:

"Un traductor que es uno de los investigadores que conduce este estudio o su representante me ha explicado (a) los propósitos, procedimientos y duración de la investigación; (b) todos los procedimientos que son experimentales; (c) todos los riesgos y beneficios del estudio razonablemente previsible; (d) todos los procedimientos o tratamientos alternativos que puedan ser beneficios; (e) cómo se mantendrá la confidencialidad, y (g) Identificadores personales pueden ser removidos de su información y/o especímenes y usados o compartidos para estudios de investigaciones en el futuro sin su consentimiento.

Comentarios:

☒ He leído y he comprendido lo antes mencionado

Finalizar

Online URL: <https://kb.tdo4endo.com/article.php?id=131>