Marble — Try it yourself

A step-by-step tour of the demonstration site

What this is	A step-by-step tour of `demo.marble-emr.com` — a live, fully-working Marble anyone can click through on their own, with no one to ask
Address	**demo.marble-emr.com**
Time	About an hour for everything; each section says its own. Twenty minutes if you follow §17
What you need	A computer with a modern browser. A phone for two optional steps (§7, §8). A tablet, optionally, for the kiosk step (§6)
Where this lives	`docs/SELF-GUIDED-TOUR.md` in the Marble code repository. Re-render with `make tour-pdf` after any edit

> **Before you start**
>
> Everything here is fictional — the practice, the patients, the staff. The site is shared: other people may be clicking through it at the same time you are. **Everything typed here is wiped and the whole clinic re-dated overnight**, so nothing you do can break it and nothing you do lasts.
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> Two things are switched off. Sending a real email stops one step short, with an on-screen explanation of what would have happened. AI features share a small daily allowance across everyone looking at the site that day — if it runs out, an explanation appears and everything else keeps working.

1. Signing in

Open **demo.marble-emr.com**. The sign-in card has three buttons — no password to type for any of them:

Button	Who it's for
Enter as Dr Cindy-Lou Who	The consultant ophthalmologist's view — the main tour, and the one to start with
Enter as the practice administrator	Admin settings, templates, users and devices (§14)
Enter as an ophthalmic technician	The pre-consult kiosk and tablet entry (§6)

Click **Enter as Dr Cindy-Lou Who**. The screen that opens is the **home dashboard** — today's clinic list, the waiting room, and your own tasks. It is the same screen you land on every time you sign in.

Two things are always available if this document does not answer a question: the **Help** link in the top bar opens an in-app, step-by-step **walkthrough** of every screen, and the small chat icon beside it is a **help assistant** you can ask a plain-English question, answered from that same walkthrough.

You have seen: the three sign-in roles, the home dashboard, and where to find in-app help.

2. Choose a family (1 minute)

Today's clinic list holds four families of tour patients, alongside the fictional practice's own real-looking caseload: **Ashby, Bright, Calder** and **Doyle**. **Pick one family and use only it** for the rest of this tour, so several people can follow this document at once without getting in each other's way.

Every family has the same five people, each with a hand-written chart built specifically for this tour:

Patient	What their chart holds
Joe	Wet age-related macular degeneration, on a treat-and-extend injection course
Jane	Bilateral cataract — one eye done, the second consented and booked
Sam	Glaucoma, with a visual field and OCT nerve-fibre trend, and a laser (SLT)
Ray	Diabetic retinopathy, with prior laser treatment
Pat	Deliberately empty — the kiosk step (§6) fills her in live

Find them on the home dashboard's clinic list — search or scroll for your family's surname. If your family already carries today's work from an earlier visitor, carry on regardless; an extra note on a chart breaks nothing. From here this document says "your Sam", "your Jane" and so on — substitute your own family's letter throughout.

You have seen: why the tour uses families, and who the five people are.

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3. Knowing a patient (5 minutes)

Open **your Sam** — he has the longest chart, so he is the one to explore here.

1. The record opens as three columns. The **banner** at the top carries coloured pills — diagnoses, allergies, anything staff have chosen to pin. There are no hard-coded alerts; try pinning something yourself from the context column on the right (a ✎ or pin icon sits beside each item).
2. The **right-hand context column** holds diagnoses (per eye), past medical history, drug history, allergies, family and social history. Add an allergy — type a name and save it.
3. Write yourself a **personal note** in the same column and explain to yourself why: it is visible only to you, even to an administrator.
4. The **left-hand timeline** lists every visit, document and voice note, newest first. Step through it with the **arrow keys**, and try the filter icon above it — it can show *Only my events* among other filters.
5. Open a note, then click an older scan or letter on the timeline — it opens **beside** the note rather than replacing it, so you can read the chart without losing what you were typing.

You have seen: the banner, pinning, the context column, personal notes, the timeline and its filter, and the reference pane.

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4. Writing a note (10 minutes)

Still on **your Sam**.

1. In the centre toolbar click **+ New standalone event** → **Clinic visit**.

2. **History** — click a few snippet chips to see how they insert text with one click.
3. **Examination** — right eye sits on the left of the screen, left eye on the right, the way it is written on paper. Vision fields take a Snellen value from a dropdown, or free text.
4. Look for the small arrows beside a row — one copies the last visit's value forward, another mirrors a value to the other eye. A **preset** fills a whole row for both eyes at once.
5. **Impression** and **Plan** are built from chips too. Try **quick-adding a diagnosis** to the patient's record from inside the note — search by name or SNOMED code, without leaving the note.
6. **Sign and save.** Reopen the note, change something and save again, then open **View history** — every earlier version is kept.
7. Open **Context as recorded** — the sidebar exactly as it stood the moment the note was signed, frozen for good.
8. Click **Export** on the note: try **Plain text** (the option made for pasting into another system), the PDF, and **Print**. Sending it by email will refuse on this site, with an on-screen explanation — that is expected.

You have seen: writing a structured note by clicking rather than typing, signing and amending, version history, the frozen context snapshot, and the three ways a note leaves Marble.

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5. Making it yours (5 minutes)

Open **Settings** from the user menu at the top right.

1. Find **Note templates** — the practice's shared starting point and your own layouts built on top of it.
2. Find **My quick snippets** — type a phrase and a chip builds itself as you type; it saves on its own.
3. On a snippet that came from the practice, look for the small source dot — a practice-wide phrase can be shown on all your notes, restricted to one template, or hidden, without changing what any other clinician sees.
4. An administrator can switch a clinician's own templates off entirely — that toggle lives at **Admin** → **Doctor Permissions**, not here; you'll see it in §14 if you tour the administrator's side.

You have seen: where templates and snippets live, and that personalising your own notes never affects a colleague's.

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6. The technician's kiosk (10 minutes, optional second device)

This step needs a second browser window, or a real tablet, alongside the one you're signed into as Dr Who. It has two halves: setting up a kiosk device (as the administrator) and using it (as the technician).

1. Sign out, or open a second browser window, and click **Enter as the practice administrator**.
2. Go to **Admin** → **Kiosk devices** and click **+ Add device**. A one-time enrolment code appears — it expires in 30 minutes.
3. On the second device (or a second tab), open **demo.marble-emr.com/preconsult** and enter that code.
4. The tablet now shows a grid of technician tiles. Tap one and enter the PIN **2580** — the same PIN published on the sign-in card's technician entry, so no setup is needed to try this part on its own.
5. Pick **your Pat** from today's list — she has nothing recorded yet. Record vision and pressures, tick which tests were done, note drops given, then tap **Send**. The kiosk locks itself again a couple of seconds later.

6. Back on the doctor's screen, open **your Pat** and start a new clinic visit — the vision and pressure fields are already filled in, with a note of who recorded them and when.

You have seen: enrolling a kiosk device, the PIN-only technician sign-in, recording a pre-consult, and it appearing pre-filled in the doctor's note.

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7. Consent and forms on a tablet (5 minutes, phone optional)

Open **your Jane** — her second eye is consented and booked.

1. Click **+ New standalone event** → **Consent** (or open the draft consent already on her timeline for the left eye).
2. Click **Set up consent**, choosing the cataract condition template and the operative eye. The wording — benefits, risks, alternatives, what happens without treatment, additional information, a declaration — is already there; edit a line and watch the PDF preview below update.
3. Click **Sign on a device**. This opens a QR code: scan it on your own phone to sign there, or use the same-computer alternative offered on screen if you have no phone to hand.
4. Once signed, the screen turns into the finalised, digitally-signed PDF on its own — read-only from here on.
5. Briefly look for a hospital consent or request form on the same visit — Marble's own wording and a hospital's own PDF (with fields positioned onto it) use the same signing machinery.

You have seen: building consent from your own wording, signing on a device, and the finished document filing itself.

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8. Your phone as a scanner (3 minutes, phone needed)

On any patient's chart, open or start a note and look for the **phone icon** in the composer toolbar (tooltip: *Import from phone*).

1. Click it — a QR code appears.
2. Scan it with your phone's camera. Your phone becomes a camera for that record: photograph anything to hand — a referral, a form, a page from an old chart — and it lands on the patient within seconds.
3. Nothing is installed and nothing is left on the phone afterwards.

You have seen: turning a phone into a scanner with no app and no login.

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9. The injection planner (3 minutes)

Open **your Joe** — he carries the longest injection course.

1. Click ■ **IVI planner** in the centre toolbar. The whole treatment course appears on a calendar axis — right eye above the line, left eye below, with the interval written between each pair of injections.
2. Look for a **dashed segment** — it marks a drug change — and the hollow pin at the end, worked out as the next injection due.

3. Hover one of the small imaging squares above the injections — the scan previews inline, without leaving the planner.
4. Add an injection: from Joe's chart, click **+ New standalone event** → **IVI** (or open a recent one and duplicate it) to see how a new dose joins the course.

You have seen: the treatment-course view, a drug switch, and an imaging square previewing inline.

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10. Letters and documents (5 minutes)

From a signed visit on any of your family's patients:

1. Click **Generate letter**. Try a **proforma** letter first — fixed wording filled from the visit, with no AI involved. The recipient is worked out for you, with a note underneath explaining which rule supplied it.
2. Try an **AI-drafted** letter on the same visit, to see the difference — remember the site's AI allowance is shared with everyone touring it that day, so this step may occasionally be capped; an on-screen message explains it if so.
3. Open the **Documents** panel on the chart and upload a file — the **Upload file** button takes any PDF or image from your computer.
4. On an uploaded document that carries a recognised type (an OCT or biometry report, for instance), look for **Interpret with AI** — it reads the values off the page for you to check before anything is filed.
5. Visit **Front desk** → **Documents inbox** to see where anything arriving from a scanner or a watched folder waits to be matched to a patient (it is normally empty on this site — there is nothing real to show there).

You have seen: a proforma and an AI-drafted letter, uploading a document, and AI reading a scan's values.

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11. Chasing things up (3 minutes)

Open **your Pat** (or any patient) and start a new event.

1. Write a **Bloods** (or similar investigation) event. Near the bottom, look for **Add to my tasks (chase result)** — already ticked, with **1 week** / **2 weeks** / **4 weeks** preset buttons.
2. Save it, then open **Tasks** in the top bar. The chase is there, named after the test.
3. On the tasks list, try **Mark urgent**, and try **assigning** a task to a colleague.
4. Add a personal note on the patient (as in §3) and pin it to the banner — it stays visible only to you.

You have seen: the one worklist for results, reminders, calls and to-dos, and that anything sent away for testing can chase itself.

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12. Coding and billing (5 minutes)

Open a signed visit on **your Ray**.

1. Look for **Fee slip** on the Billing card and open it. Codes for that type of visit are already suggested, each carrying the eye the visit recorded.

2. Add a code by hand, and try the three marks a line can carry: the practice's own fee, a **gap** above the rebate, or no charge to the patient. Watch the running estimate underneath update.
3. Click **Submit** — the slip moves to reception's worklist.
4. Sign in as **the practice administrator** (or stay as Dr Who) and open **Front desk** → **Billing**. On the **Fee slips** tab, find Ray's slip and bill it into a draft invoice.
5. Open the invoice, record a payment, then open its **PDF**.

You have seen: the doctor's coding sheet, the running estimate, turning a slip into an invoice, and recording a payment.

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13. Running the day (3 minutes)

1. **Clinical** → **Clinic** shows today's clinic list with a live status per patient — Scheduled, Arrived, In progress, Done, DNA and so on. Change one and watch it update.
2. **Clinical** → **Op lists** is the theatre equivalent — cases, procedure, eye and status.
3. **Front desk** → **Appointments** is the booking calendar.
4. **Front desk** → **Recalls** lists patients due or overdue to come back.

You have seen: the four screens for running a clinic day and following patients forward in time.

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14. The administrator's side (5 minutes)

Sign in as **the practice administrator** and open a few pages from the left navigation:

Where	What it does
Admin → **Users**	Accounts and roles — a receptionist never sees clinical notes, a technician cannot sign one
Admin → **Templates and Snippets**	The shared, practice-wide starting point every clinician builds on
Admin → **Pre-consult Kiosk Forms**	What the waiting-room tablet asks for
Admin → **Event Colours**	The colour each kind of visit and each injection drug takes on
Admin → **Terminology (SNOMED)**	The diagnosis vocabulary used by quick-add search
Admin → **Audit Log**	Who read and who changed what — find your own actions from today
Admin → **Compliance & Region**	Jurisdiction and regional settings
Admin → **Database**	Technical detail on the underlying schema

You have seen: a sample of the administrator's settings — the map at `try.marble-emr.com` and the handout it links to cover the rest.

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15. Getting it back out

Every note leaves Marble as a PDF, as plain text, or on paper — one visit at a time (§4), or a whole day at once from the icon beside a date on the timeline. Plain text is the one made for pasting straight into another EMR.

For the governance and security documents behind everything on this site — onshore hosting, encryption, audit trails, backups — see **try.marble-emr.com**.

You have seen: every way a note or a day's notes can leave Marble, and where to find the governance documents.

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16. What you cannot do on the demo

- **Send a real email.** A letter or document send stops one step short, with an on-screen explanation of what would have happened.
- **Enrol a passkey.** Passkeys are switched off on this site so the shared accounts work from any device; a live Marble instance requires one.
- **Keep anything past the nightly reset.** Everything is wiped and re-dated at 3:15 am Adelaide time.
- **Use AI without limit.** A small daily allowance is shared across everyone touring the site that day.

Everything else works exactly as it does on a real instance.

You have seen: exactly where this demonstration and a real Marble instance part ways.

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17. If you have twenty minutes

Follow, in order: **§1** (sign in), **§3** (knowing a patient), **§4** (writing a note), **§7** (consent on a tablet), **§9** (the injection planner).

You have seen: a full working visit, start to finish, in the time it takes to read this page.