REMARKS

Claims 1-7 and 9-25 are currently pending in this application. This reply amends claims 1, 6, 8, 12, 15, and 16 and cancels claim 8. Claims 21-25 are new. These amendments introduce no new matter into the application.

Claim Rejections - 35 U.S.C. § 112

The Office Action rejected claim 18 under 35 U.S.C. § 112 as indefinite for lacking antecedent basis for the term "the emergency option." Claim 18 has been amended to depend from claim 16, which provides antecedent basis for this limitation.

Accordingly, Applicant respectfully requests withdrawal of the 35 U.S.C. § 112 claim rejection

Claim Rejections – 35 U.S.C. § 102 and § 103

The Office Action rejected claims 1, 2, 4-8, 10 and 11 under 35 U.S.C. § 102(a) as anticipated by U.S. 2013/0087611 (Walker), and claims 1, 3, 6, 8 and 9 under 35 U.S.C. § 102(a) as anticipated by U.S. 2015/0106118 (Melo). Applicant respectfully traverses these rejections.

The cited references fail to teach or suggest a device having an associated unique patient identifier that's used to retrieve a set of associated detailed patient information pertaining to a specific patient.

Independent claim 1, as amended, recites a device "having an associated unique patient identifier, the unique patient identifier being associated with a set of detailed patient information pertaining to the selected patient," and a user interface configured to "retrieve the detailed patient information based on the unique patient identifier." Independent claim 6 recites similar features, as well as "a remotely located server that stores the detailed patient information," and the user interface being "configured to associate the unique patient identifier with the detailed patient information and retrieve from the server the detailed patient information."

Walker teaches a system including a device 130 that has patient medical information embedded therein. Paragraph 0036. Walker's system uses a database for collecting patient information, but because this information is stored on the device 130 itself, there's no need for the user interface to "retrieve" patient information, since it can simply read it right from the device. Furthermore, Walker makes no mention of the use of a unique patient identifier being used to retrieve the medical information, and a person of ordinary skill in the art would recognize that a unique patient identifier would not be needed where the patient information is stored within and read directly from the device.

Melo teaches as system including an authorization means 109, 110 and a device 103 in which near filed communication capabilities are used to access patient data. According to Melo's system, the authorization means 109, 110 is first tapped with the device, which take the patient to a portal where the patient data can be accessed.

Paragraph 0031. According to Melo's system, the patient then enters a unique HIP Code in order to display the patient data. Paragraph 0033. This is different from Applicant's claimed device, in which the device itself includes the unique patient identifier, which is used to retrieve detailed patient information. Such a configuration avoids the patient having to manually enter a code, such as Melo's HIP Code. Rather, Applicant's unique patient identifier is read and transmitted as part of the signal used to retrieve detailed patient information, reducing the steps needed to retrieve the detailed patient information and avoiding the need for the patient to memorize a code.

Applicant's claimed system is advantageous over those disclosed by the cited references. Storing the detailed patient information on a remotely located server rather than on the device itself protects the detailed patient information, for example in situations where the device is lost or stolen and the detailed patient information would otherwise be lost to the patient. The use of a unique patient identifier to retrieve the detailed patient information from the server ensures that each patient's medical information will not become mixed up with that of other patients. The ability of the user interface to associate the detailed patient information with the unique patient identifier and retrieve the detailed patient information avoids the need for the patient to memorize or manually enter codes, which can be cumbersome and result in error. Applicant's claimed device and assembly allows for both secure storage and easy retrieval of patient information when compared to those of the cited references.

Regarding claim 11, the Office Action cites Walker as teaching the use of a camera to capture an image of the tag. Applicant respectfully disagrees. Walker discloses an input device 316 that may include a camera. Walker's input device is used for simple entry of information into the disclosed system, and does not "capture an image of the tag," as claim 11 recites. See Walker at paragraph 0054. Walker's reader 160 scans the code 132, and is thus the only element that could arguably be construed as analogous with the user interface of claim 11, but does not include a camera. Nowhere does Walker disclose the use of a camera to capture an image of the code 132.

The Office Action rejected claims 12, 14, and 15 under 35 U.S.C. § 102(a) as anticipated by US 2014/0070012 (Hunt), claims 12, 13, 15-18, and 20 under 35 U.S.C. § 102(a) as anticipated by (US 2005/0240613) Logan, and claim 19 under 35 U.S.C. § 103(a) as obvious over Logan in view of U.S. 2014/0166639 (Gale). Applicant respectfully traverses these rejections.

Independent claim 12 has been amended to recite a method of retrieving medical information using a device having a plurality of users. According to the claimed method, "the detailed patient information comprises a plurality of detailed patient information subsets, each subset being associated with a user." The method includes "identifying a user, and associating the user with a detailed patient information subset," and

"transmitting the medical the detailed patient information subset." The cited references fail to teach or suggest such a method.

Hunt teaches a method for obtaining medical information using a wrist band 3 having scannable a QR code 5, but makes no mention of the possibility of dividing the patient information into a plurality of subsets associated with multiple users.

Logan teaches a healthcare records system 10 for viewing patient data. The data is available to a plurality of parties, and the system includes a variety of screens that present different data, but the reference includes no teaching to divide the data into a plurality of subsets and make each subset available to a different user upon identification.

Applicant's claimed method is advantageous over those taught by the cited references. Dividing the detailed patient information into a plurality of subsets and making each subset available to a different user ensures that a variety of user types, such as treatment providers, receptionists, and the patient himself, will each have access to only that information needed to perform the user's respective role in treatment, while maximizing patient privacy and security.

Gale fails to remedy Logan's deficiencies.

Accordingly, Applicant respectfully requests withdrawal of the 35 U.S.C. § 102 and § 103 claim rejections.

New Claims

New claims 21-25 are each dependent claims, and should therefore be patentable for at least the reasons discussed above. These claims further recite additional limitations not taught or suggested by the cited references, and should therefore be independently patentable as well.

Conclusion

If the Examiner believes that any additional matters need to be addressed in order to place this application in condition for allowance, or that a telephone interview will help to materially advance the prosecution of this application, the Examiner is invited to contact the undersigned by telephone at the Examiner's convenience.

In view of the foregoing, Applicant respectfully submits that the present application is in condition for allowance and a notice to that effect is respectfully requested.

Respectfully submitted,

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