UNIVERSITY OF VIRGINIA HEALTH SYSTEM

HEALTH INFORMATION SERVICES

CHANGE REQUEST FORM

Instructions:

1. Provide a brief description of the change/addition.
2. Obtain approval for the change/addition from the appropriate HIS Manager (or Coding Director) and sign this form.
3. Return signed form to Scottie Frey, Health Information Services, Box 800476.
4. Requestors will be contacted as to the status of the request.

Requester: _____ Date: _____

Phone # : _____ Department: _____

Manager/Director Approval: _____

Request: _____

_____

_____

_____

Is the requested change temporary?

[ ] Yes   [ ] No

If yes, please provide an end date for the change.

_____

======= DO NOT WRITE BELOW THIS LINE - FOR USE BY HIS COMPUTING =======

HIS System Being Modified:

[ ] SoftMed   [ ] Premier   [ ] 3M

CHANGE COMPLETED BY:_____ DATE:_____

Notes:_____ _____

_____

_____

IF CHANGE IS TEMPORARY:

INACTIVATION COMPLETED BY:_____ DATE:_____

>>>>>>   FILE COMPLETED FORM IN HIS CHANGE REQUEST BINDER   <<