

Clinical Enhancement Request

(Forward completed form to HISS Lakeside Annex MOU #2 or fax to 744-5504)

Print or Type

Requester: _____ Date of Request: _____

Dept: _____ Phone: _____

Signature of Dept. Head/Manager: _____

Request:

- New
- Modify/Revise
- Delete
- Emergency

Type of Content:

- Form Component
- Text Component
- Document template
- Encounter type
- Letter
- Handout
- Flowsheet view
- Appointment Types
- Custom Clinical List (Problems/Meds/Orders)

Interface:

- Import Export
 - Lab Note/Text Orders Schedule Demographics
-

Requested Start Date for Enhancement Change: _____

Reason for Request: *Please attach examples of requested content (as needed)*

Content impact:

- Single user Single clinic Multiple clinics Enterprise-wide

Frequency of use for this content request:

- Daily Weekly Monthly
- Other: _____

Request for Meeting to discuss enhancements prior to approval

Available Date/Times: _____