



ECU Physicians
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 Greenville, NC 27858-4354

Document Scanning Request

Document to be scanned: _____

What Clinic is requesting scanning of this document? _____

What other clinics would benefit from this document being scanned and placed in Logician?

Who is the requestor? _____ Date of Request: _____

1. Is there anyway you can obtain this information electronically? Yes No
 If Yes, contact someone from the Logician Team.

2. Are there any values in this document you would like to track on the flowsheet? Yes No
 If Yes, what are those values?
 1. _____ 2. _____ 3. _____ 4. _____

3. Is color needed for the scanned image? Yes No

4. What is the frequency of this document to be scanned (per patient)?
 Everyday 1-3 times a week

5. Is this document a test or procedure that is performed at PCMH? If so, is the procedure ordered by a physician as a result of the patient's visit in your clinic? Or is this information a copy of information as a result of an inpatient visit?

PLEASE FAX THE COMPLETED REQUEST TO: 744-3195 --- ATTN: Mary Pippen

_____ Approved Scanning Start Date: _____

_____ Denied – Reason: _____