**CHANGE REQUEST**

**Instructions:** Please refer to the sample attached when completing this form. We greatly appreciate your suggestions and recommendations. We will create a ticket for this request which will be reviewed by our Change Control Board.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Requested by: | | Position: | | |
| Facility: | | Tel: | | Ext: |
| What is your request? | | | | |
| What is the purpose of this request? | | | | |
| Who will be affected by this change? | | | | |
| What version of the software do you have? | Which module of the software? | | Which section of the module? | |
| Describe your recommendation (Feel free to attach screen shots, diagram, charts, etc.): | | | | |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHANGE REQUEST**

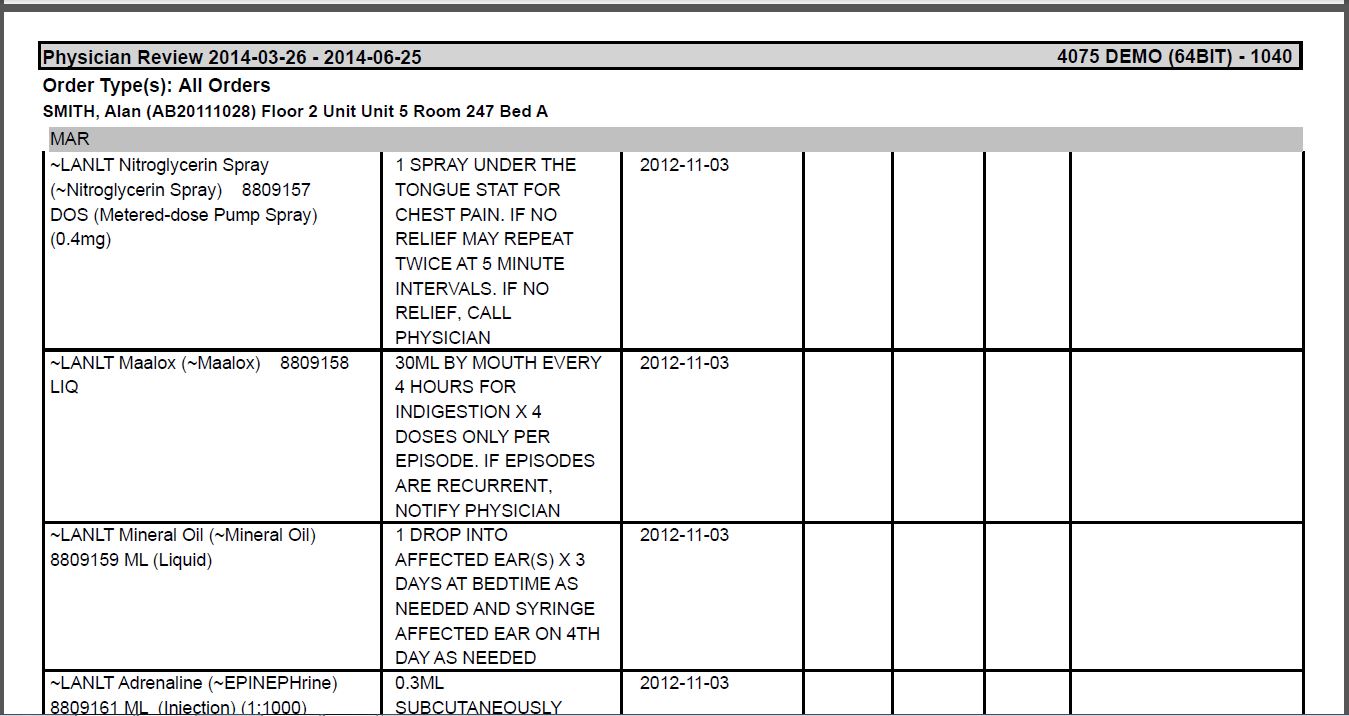
**(SAMPLE)**

**Instructions:** Please refer to the sample attached when completing this form. We greatly appreciate your suggestions and recommendations. We will create a ticket for this request which will be reviewed by our Change Control Board.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Requested by: Mary Smith | | Position: RAI-Coordinator | | |
| Facility: Montecasino Long Term Care | | Tel: 555-5555 | | Ext: 321 |
| What is your request? A New Report | | | | |
| What is the purpose of this request? We need a report on medication orders based on type e.g. antipsychotic, hypoglycemic agents, etc. | | | | |
| Who will be affected by this change? Physicians, Management, Care Teams | | | | |
| What version of the software do you have?  407.6 | Which module of the software?  Reports | | Which section of the module?  Medication | |
| Describe your recommendation (Feel free to attach screen shots, diagram, charts, etc.):  The report:   * can be generated by unit and by physician * will show details of the medication order * will show the total by medication type, by resident, by unit, and by facility * comparison from a previous quarter | | | | |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Example suggestion



Include column titles