

Report Request



Child Health Administrative Services

PRISM NextGen (check one)

Org/Practice

Date Submitted

Priority (High, Med, Low) Date Needed

Requestor's Name

Period/Range to Report w/Field Name

Send Report to (Address, Fax #, Email, Printer)

Telephone

Fax

Report Name or Number:

Fax completed form to (513) 636-5254, Attention: Report Writer Team

Use the area below to graphically represent the report.

Sort Order: 1. _____ 2. _____ 3. _____ 4. _____

Total/Subtotal Information: _____

Description of Report:

Reason for Request:

CHAS Use Only (Initial all entries)

Approved: Yes No (explain)

Date Received

Date Logged

Log Number

Date Completed

Report Number/Org

Completed By

Yes No

Parameters Filed?

Date Filed

Comments:
