Cincinnati Children's	
Community Practice Services	
NextGen [®] Report Request	

Priority (High, Med, Low) Date Needed (allow 2 weeks) Requestor's Name:	Practice Name/ Number	Date Submitted	Period/ Data Range of Information Requested	
Fax completed form to (513) 636-0504, Attention: Community Practice Services Support Isse the area below to graphically show how you want the data displayed ilter / sort data by what columns: 1 2 3 4 inter / sort data by what columns: 1 2 3 4 inter / sort data by what columns: 1 2 3 4 inter / sort data by what columns: 1 2 3 4 inter / sort data by what columns: 1 2 3 4 inter / sort data by what columns: 1 2 3 4 inter / sort data by what columns: 1 2 3 4 inter / sort data by what columns: 1 2 3 4 inter / sort data by what columns tallied): inter / sort data information (data columns tallied): inter / sort (What data fields do you need displayed for your report):		Date Needed (allow 2 wee		
otal/Subtotal Information (data columns tallied):	Fax completed fo			
escription of Report (What data fields do you need displayed for your report): eason for Request (this is helpful to know since other practices may need or already requested the same report):				
escription of Report (What data fields do you need displayed for your report): eason for Request (this is helpful to know since other practices may need or already requested the same report):				
escription of Report (What data fields do you need displayed for your report): eason for Request (this is helpful to know since other practices may need or already requested the same report): ffice Use Only Approved: Yes No (explain) ate Received Date Logged Ticket Number Date Completed Date Completed By Source Code Location/Name: G:/SQL/	lter / sort data by what colu	mns: 1 2	3 4	
eason for Request (this is helpful to know since other practices may need or already requested the same report):	otal/Subtotal Information (d	ata columns tallied):		
ffice Use Only Approved: Yes No (explain) ate Received Date Logged Ticket Number Date Completed completed By Source Code Location/Name: G:/SQL/	escription of Report (What o	lata fields do you need displaye	d for your report):	
ate Received Date Logged Ticket Number Date Completed	eason for Request (this is he	lpful to know since other praction	es may need or already requested the same report):	
Report Type:	ffice Use Only		Approved: Yes No (explain)	
Completed By Source Code Location/Name: G:/SQL/	ate Received	Date Logged	Ticket Number Date Complet	ed
				ort

Patient data is not shared unless express written authorization is obtained by Community Practice Services.