

NextGen® Report Request

Practice Name/ Number _____ Date Submitted _____ Period/ Data Range of Information Requested _____

Priority (High, Med, Low) _____ Date Needed (allow 2 weeks) _____

Requestor's Name: _____

Fax completed form to (513) 636-0504, Attention: Community Practice Services Support

Use the area below to graphically show how you want the data displayed

Filter / sort data by what columns: 1. _____ 2. _____ 3. _____ 4. _____

Total/Subtotal Information (data columns tallied): _____

Description of Report (What data fields do you need displayed for your report):

Reason for Request (this is helpful to know since other practices may need or already requested the same report):

Office Use Only

Approved: Yes No (explain)

_____ Date Received _____ Date Logged _____ Ticket Number _____ Date Completed _____

_____ Completed By _____ Report Type: NextGen® Memorized Crystal Report SQL Report

Source Code Location/Name: G:/SQL/ _____

Comments:

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