Cincinnati Children's
Community Practice Services

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 what 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.

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