



## Physician Services Change Request Add/Modify/Delete Group

<b>Internal Use Only</b>	Ticket #:		Processed:
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**NOTE: All fields are required unless noted otherwise. Any required fields that are not completed will result in a delay in the scheduling of the request. If a field is not applicable to your request, please enter N/A in that field.**

Customer Name	Today's Date
Site	
Authorized Requester	Technical Contact (Optional)
Telephone	Telephone (Optional)
Email	Email (Optional)

<b>NOTE:</b> Please attach a document following the format below if you need to add multiple groups.	
Type of Operation: <input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete	
Name of Group	Members of Group (If applicable)
Backout Plan	
Notes (Optional)	

<b>CUSTOMER ACKNOWLEDGES 24 HOURS FOR DEPARTMENTAL REVIEW AND SCHEDULING UPON RECEIPT OF THIS SIGNED AND DATED CHANGE REQUEST</b>			
*Date Requested for Change (Format: Fri 1/5/2010)	<input type="checkbox"/> Perform During Production Hours (NOTE: If this box is checked, a Production Hours Release form is required)		
<b>Maintenance Window Requested</b> (Choose only <u>one</u> below)			
<input type="checkbox"/> Window 1	<input type="checkbox"/> Window 2	<input type="checkbox"/> Window 3	<input type="checkbox"/> Specific Time
<b>9pm-1am ET</b> 8pm-12am CT 7pm-11pm MT 6pm-10pm PT	<b>1am-5am ET</b> 12am-4am CT 11pm-3am MT 10pm-2am PT	<b>5am-8am ET</b> 4am-7am CT 3am-6am MT 2am-5am PT	<input type="checkbox"/> ET <input type="checkbox"/> CT <input type="checkbox"/> MT <input type="checkbox"/> PT

**\*ITelagen policy requires 24 hours (not including weekends) for the review and scheduling of this Change Request upon the receipt of this signed form. Change Requests are scheduled between 8pm and 8am client local time. A Production Hours Release form is required for a change required during production hours. Tickets generated from submitted Change Requests will close at the conclusion of the scheduled appointment.**

All changes must be requested in writing using this form, either physically or electronically. It is the responsibility of the authorized requester to ensure that all users who may be affected by this change are notified that the change will be made. Any potentially affected systems, software, hardware, or procedures should be evaluated for the effect of the change upon them, and plans made for remediating any effect and "backing out" any change. No change will be scheduled or implemented until a change request form signed by an authorized requester is received. ITelagen will make every effort to accommodate change requests in the time frame requested, but will schedule changes when possible during a regularly scheduled maintenance window.

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Authorized Requester Signature (Required - \*Must Be Hand Signed\*) / Today's Date (Required)

**FAX COMPLETED AND SIGNED FORM TO: (866) 618-6110**