



Physician Services Change Request Database Copy

Internal Use Only	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	Today's Date
Site	
Authorized Requester	Technical Contact (Optional)
Telephone	Telephone (Optional)
Email	Email (Optional)

<u>ALL DATA IN DESTINATION DATABASE AND FOLDERS WILL BE ERASED!</u>	
***Please note: Accounts only automatically have drive space provided for a full Production Database and one full copy of the Production Database. For multiple copies of a full Production Database, additional charges may apply.	
Copy Files? <input type="checkbox"/> Yes <input type="checkbox"/> No	PIN # (for path changes):
Source Database(s)	Destination Database(s)
Source Server	Destination Server
Additional Notes	

CUSTOMER ACKNOWLEDGES 72 HOURS FOR DEPARTMENTAL REVIEW AND SCHEDULING UPON RECEIPT OF THIS SIGNED AND DATED CHANGE REQUEST			
*Date Requested for Change		<input type="checkbox"/> Perform During Production Hours (NOTE: If this box is checked, a Production Hours Release form is required)	
Maintenance Window Requested (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
9pm-1am ET 8pm-12am CT 7pm-11pm MT 6pm-10pm PT	1am-5am ET 12am-4am CT 11pm-3am MT 10pm-2am PT	5am-8am ET 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

***Departmental policy requires 72 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.

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

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