HIM-S DOCUMENTATION REQUEST
Fax completed form to (434) 924-2883
For additional information or questions call (434) 924-2196

Name ____________________________________ Dept. ____________________________
Phone __________________ Fax __________ Email __________ Date __________

Title of Form: ____________________________________________________________

☐ New Form  ☐ Revision  ☐ Replaces __________________________

Form is, or will be, a part of the Permanent Medical Record and built into EPIC? ☐ Yes  ☐ No

Before bringing form to committee for discussion, please note review by:
☐ Financial Documents (Insurance Waivers/ABN’s) – Mark Pulczinski, mcp3z@virginia.edu
☐ Nursing Practice – PNSO@virginia.edu to be directed to the appropriate committee
☐ Patient Education – Cindy Westley, cjw2s@virginia.edu
☐ Consent – Jackie Loach, jl4b@virginia.edu
☐ Other clinical forms – Fax directly to HIM-S Staff for review assistance.
☐ Area Manager Name/Signature approving request (if requester is not a Manager)

☐ If document is not to be part of the Permanent Medical Record (worksheet, administrative form, brochure) this form is
  not needed and you may contact Printing & Copying Services directly. If you wish for assistant/information, please fax
  form to HIM-S as above.

☐ No prohibited Abbreviations have been used.

http://hit.healthsystem.virginia.edu/index.cfm/departments/health-information-services/chart-completion-provider-
  databases-and-master-patient-index/

☐ Translation requested – following LAS guidelines
  https://www.healthsystem.virginia.edu/pub/patientguest/intranet/language/

DOCUMENTATION INDEXING CATEGORIES (Final category will be determined by HIM-S)
☐ Consents
☐ ED
☐ H&P
☐ Consult
☐ Health History
☐ Occupational Therapy
☐ Physical Therapy
☐ Speech Language Pathology
☐ Nutrition
☐ Social Work
☐ Prosthetics and Orthotics
☐ Discharge Documents
☐ OR Procedures Other
☐ Procedures Procedures
☐ - Cardiology
☐ Procedures - Interventional Radiology

☐ Procedure Checklists
☐ PETC/PACU
☐ Results - Neuro
☐ Results - Cardio/vascular
☐ Results - Pulm
☐ Results - Immuno
☐ Results - Ob/Gyn
☐ Results - Urol
☐ Results - Ophth
☐ Results - ENT
☐ Results - GI

☐ Communication to Patient
☐ Face Sheet/Coding
☐ Misc. Documentation
☐ Outside Facility
☐ Patient Data
☐ Advance Facility
☐ Acknowledgment of Privacy Practices
☐ Incidental Encounters
☐ Non-Medical Center Based Facility
☐ Neuropsychology Notes
☐ Insurance Waivers
☐ Advance Beneficiary Notice
☐ Respiratory Therapy

PRINTING SPECS: Contact Printing and Copying Services at (434) 924-7186.
For print on demand only, please provide PTAO: __________________________

Paper Size: ☐ 8 1/2 x11  ☐ 8 1/2 x 14  ☐ 11 x 17  ☐ Custom size
Prints: ☐ 1 sided  ☐ 2 sided
Hole Punch: ☐ Yes  ☐ No
Date needed: __________________________
Additional printing instructions: ____________________________________________

Notes:

☐ FINAL APPROVAL DATE: __________________________

FORM # 031031  (Rev. 10/2017)