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 – Michele Miller, MJM3Z@hscmail.mcc.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.


☐ Translation requested – following LAS guidelines

http://www.healthsystem.virginia.edu/pub/patientguest/intranet/language/

DOCUMENTATION INDEXING CATEGORIES (Final category will be determined by HIM-S)

☐ Consents ☐ Procedure Checklists ☐ Communication to Patient
☐ ED ☐ PTEC/PACU ☐ Face Sheet/Coding
☐ H&P ☐ Results - Neuro ☐ Misc. Documentation
☐ Consult ☐ Results - Cardio/vascular ☐ Outside Facility
☐ Health History ☐ Results - Pulm ☐ Patient Data
☐ Occupational Therapy ☐ Results - Immuno ☐ Advance Directive
☐ Physical Therapy ☐ Results - Ob/Gyn ☐ Acknowledgment of Privacy Practices
☐ Speech Language Pathology ☐ Results - Urol ☐ Incidental Encounters
☐ Nutrition ☐ Results - Ophth ☐ Non-Medical Center Based Facility
☐ Social Work ☐ Results - ENT ☐ Neuropsychology Notes
☐ Prosthetics and Orthotics ☐ Results - GI ☐ Insurance Waivers
☐ Discharge Documents ☐ Orders ☐ Advance Beneficiary Notice
☐ OR Procedures Other ☐ Progress Notes ☐ Respiratory Therapy
☐ Procedures Procedures ☐ Flowsheets
☐ - Cardiology ☐ Careplans
☐ Procedures - Interventional Radiology

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)