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

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

Paper Size:  ☐ 8 1/2 x 11  ☐ 8 1/2 x 14  ☐ 11 x 17  ☐ Custom size___________________________
Prints:  ☐ 1 sided  ☐ 2 sided  Paper:  ☐ White paper  ☐ NCR # of parts__________________________
Hole Punch:  ☐ Yes  ☐ No  Date needed:__________________________________________
Additional printing instructions: ______________________________________________________

Notes: ________________________________

☐ FINAL APPROVAL  DATE: ________________________________

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