eClinicalWorks® Change Request Form

Upon completing this form, please route via interoffice mail to Dept. Clinical Informatics, ATTN: Change Control. This form will be subject to the approved change control policy and procedure. All proposed changes are assessed for merit and degree of impact on operational, clinical, and financial parameters. Please submit a separate form for each individual change requested.

Requester:	Clinic Name: ☐ Red/SJGH ☐ Green/FQHC	Date Submitted:

Category	☐ Compendium ☐ Workflow	☐ Order Set ☐ CDSS Alerts	☐ Documentation Template ☐ Other Configuration or Setting
Type	☐ Add ☐ Delete ☐ Modify		
Description of Requested Change (Attach Exhibits As Necessary)			
Potential Benefits of Change			
Potential Harms if Not Changed			
Clinical Informatics Use Only	☐ Approve	☐ Reject	☐ Defer
Comments			
CRF Number:	Authority Name & Title	Signature	Review Date

San Joaquin General Hospital Ambulatory Care Services (SJGH ACS)

San Joaquin County Clinics (SJCC)

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