Rehoboth McKinley Christian Health Care Services

NOTE: INFORMATION IN RED IS REQUIRED FOR THE FORMS COMMITTEE.
IF INFORMATION IS MISSING THIS WILL DELAY YOUR REQUEST UNTIL CLARIFIED.

FORMS APPROVAL CHECKLIST

PREPARED BY:	REQUESTED IMPLEMENTATION DATE	ESTIMATED MONTHLY USAGE	DATE
Person preparing form	When to start	How many per month?	Today's date

FORM TITLE		DEPARTMENT TO BE CHARGED:
Name of form	Revision of form #? new or obsolete? If obsolete attach old form.	Department # to be charged.

PURPOSE / IMPROVEMENTS EXPECTED - REASON EXISTING FORM INADEQUATE

What is the purpose of this form? Example: Meet Requirements, Doctor Request, etc.

Is this information copied from another form? If YES attach sample. [X] YES [ ] NO

Will the information from this form be used to prepare another form? [X] YES [ ] NO If YES attach sample

SPECIFICATIONS

CONSTRUCTION: SINGLE SHEET [ ] MULTIPLE PARTS [X] CONTINUOUS [ ] ENVELOPE [ ] OTHER [ ] EXPLAIN: How do you want the Form Constructed?

COPY: [ ] ATTACHED [X] DRAWN FROM INFO. GIVEN

PERFORATIONS: (NUMBER) (PARTS) (LOCATION): How many, which parts and location

PUNCHING: (NUMBER) (PARTS) (LOCATION): How many, which parts and location

CONSECUTIVE NUMBERS START: 00001 END: 01000

FINISHED SIZE: 8 1/2 x 11

PACKING REQUIREMENTS: [ ] EACH [ ] WRAP [ ] STAPLE [X] PACKAGES (100 ONLY) (NO.FORMS /PKG.) How Packaged

HOW USED: [X] HANDWRITTEN [ ] TYPEWRITER [ ] HIGHSPEED PRINTER IDENTIFY MACHINE:

Usage: How is the form used?

PART	PAPER COLOR	DISTRIBUTION (TITLES)	INK COLOR FRONT	BACK PRINT POSITION
1	White	Records	What color of ink? Black	What position on back of form?
2	Canary	Pharmacy	Black	Ex; Print same as front
3	Pink	Patient	Black	
4				

ADDITIONAL COMMENTS:

Add additional comments for Forms Committee.

FOR PRINTSHOP USE ONLY

QUANTITY OF CURRENT FORM:	INITIAL ORDER QUANTITY
SEND ORDER TO:	
FORM NUMBER ASSIGNMENT:	PROOFS APPROVED BY:

APPROVAL NEEDED	APPROVED BY	DATE APPROVED
PUBLIC RELATIONS LOGO /ARTWORK		
FORMS COMMITTEE CHAIR		
CONCURRENCES:		

COMMENTS:

Add additional comments for Printing

RM-103A (08/12)

PLEASE ASSURE THAT THIS FORM IS FILLED OUT IN ITS ENTIRETY BEFORE SUBMITTING TO THE FORMS COMMITTEE.