

**McLAREN MEDICAL GROUP  
FORM REQUEST**

**I. GENERAL INFORMATION**

Non-Clinical     Clinical     New Form     Revised Form

If revised form, provide number: \_\_\_\_\_ Last Revision Date: \_\_\_\_\_

*Please attach a copy of the new/revised form and the existing form, if applicable.*

Title of Form: \_\_\_\_\_  Regulatory/Licensing Requirement  
*Please Specify* \_\_\_\_\_

Purpose of Form: \_\_\_\_\_

Suggested Placement of Form in the Medical Record: \_\_\_\_\_

Requested by: \_\_\_\_\_ Signature: \_\_\_\_\_

Dept. Name: \_\_\_\_\_ Dept. # \_\_\_\_\_ Ops. Mgr./Director/Designee  
(Please Print) Phone # \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**II. REVIEW/APPROVAL (Name of Individual/Title)**

Forms Committee: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Risk Management: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Ambulatory Quality  
Improvement Com: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Executive  
Committee: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Other: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Other: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Other: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**III. FORM SPECIFICATIONS:**

A. Approximate usage per month: \_\_\_\_\_ B. Number of pages: \_\_\_\_\_

C. One-sided: \_\_\_\_\_ Two-sided: \_\_\_\_\_

D. Tumbled: \_\_\_\_\_ Bookstyle: \_\_\_\_\_ Not Applicable: \_\_\_\_\_

E. Number of copies: \_\_\_\_\_

Distribution: 1) \_\_\_\_\_ 4) \_\_\_\_\_  
2) \_\_\_\_\_ 5) \_\_\_\_\_  
3) \_\_\_\_\_ 6) \_\_\_\_\_

**IV. FORMS COMMITTEE USE ONLY:**

Date: \_\_\_\_\_ Appr. Pending Pilot  Final Appr.  Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Appr. Pending Pilot  Final Appr.  Signature: \_\_\_\_\_