BAYLOR Medical Center at Frisco
Now part of Baylor Scott & White Health

Change Request Form

Requestor Information

Name: _____ Date: _____

Department: _____ Phone: _____

Department Management Approval: _____

Business Requirement

Describe the business need. If there is a need by date please denote along with a reason.

Business Benefit

Cost Savings Process Improvement Patient Safety Regulatory

Describe what business benefit will be obtained by implementing this change

Initial Approvals

Quick Change Yes No *(circle one)* *This change is considered minor with minimal impact. Only 1 signature is required which will cover initial approval and implementation.*

_____ ___ /_____/2015__

CEO Date

_____ ___ /_____/2015__

CFO Date

_____ ___ /_____/2015__

CNO Date

BAYLOR Medical Center at Frisco
Now part of Baylor Scott & White Health

Change Request Form

IT Section (Optional for Business User to fill out)

High Level Design and Approach

If you have an idea of HOW you want the business requirement implemented, please describe.

Screen Change	
Process Change	
Data Change	
Assumptions / Dependencies	

Estimates

Effort	Estimated number of total actual hours to complete.
Time	Estimate time to complete all the work required.
Cost	Any costs outside of resources, hardware, software, consultants
Assumptions / Dependencies	Any assumptions or dependencies for the estimates?

Final Approvals

Approvals are required for Meditech, CPN, and PatientKeeper

_____ ___ /_____/2015__

CEO Date

_____ ___ /_____/2015__

CFO Date

_____ ___ /_____/2015__

CNO Date