



## Change Request Form

To request a change or report a problem with PracticeBuilder 1-2-3, print out this form, fill in the fields, and FAX to the attention of Change Request at 864.234.7412

### *Customer Information*

Name	Phone
Site Name	
Site Location	

### *Change Request*

Title	Date
Description	

### *Follow up (to be filled in by eRAD/ImageMedical Corp.)*

Received On:	By:
Action Taken:	
Expected completion date:	Reference #:
Response to requestor submitted on:	