

MyPractice Community

Report Request

Please complete the information below and submit this completed form to James Seidel at seidelj@ccf.org or fax it to 216-448-5112.

There may be a charge back to your office for the development of the report. If there will be a charge, we will submit a quote to you prior to building the report.

1. Name and contact information of requestor

2. Title and purpose of request

3. Statement of search parameters and criteria

Do not fill out the below section until after the quote has been given.

Date of Quote: _____ Cost of the Report: _____

Authorization Date: _____ Approved by: _____

Requestor cost center #: _____