

CHANGE OF SCHEDULE NOTIFICATION FORM/LEAVE REQUEST

Department Obstetrics and Gynecology Service

Must be requested a minimum of 45 days in advance if clinic(s) will be affected.

Name: 	Date of Request Submission:
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Please indicate dates covered by this request **	
FROM: 	THROUGH:
(Day, Month and Year)	(Day, Month and Year)

Please check clinic bump reason: PROFESSIONAL "Scheduled" > 45 days , "Urgent" > 10 days , "Emergent" < 10 days
 NONPROFESSIONAL "Scheduled" > 45 days , "Urgent" > 10 days , "Emergent" < 10 days

I would like to request the following change(s) in my clinic schedule. I have listed the clinic dates with the BACKUP IDX Provider Schedule Names in the appropriate a.m. or p.m. slot as indicated below:

	AM Clinic Session(s)		PM Clinic Session(s)
Clinic date 	Name of Backup IDX Provider Schedule 	Clinic date 	Name of Backup IDX Provider Schedule
Clinic date 	Name of Backup IDX Provider Schedule 	Clinic date 	Name of Backup IDX Provider Schedule
Clinic date 	Name of Backup IDX Provider Schedule 	Clinic date 	Name of Backup IDX Provider Schedule
Clinic date 	Name of Backup IDX Provider Schedule 	Clinic date 	Name of Backup IDX Provider Schedule
Clinic date 	Name of Backup IDX Provider Schedule 	Clinic date 	Name of Backup IDX Provider Schedule

(Please check one of the following options)

I have made arrangements for these clinic sessions to be covered by:

The above clinic must be cancelled and previously appointed patients rescheduled within **2 weeks before or after** the originally scheduled date.

Dates that will be opened to accommodate these appointments are:

Approved Not Approved per Department Chairman/Designee

Signature Date

Received by Practice Site Manager 	Date schedule changes complete
Manager Signature 	Date

Ambulatory Patient Access Services completes:	
Bump Request Received	
Signature 	Date
Bump Request Completed	
Signature 	Date
Provider Notified of Completion	
Signature 	Date

Instructions for completion and routing (see PPG Policy “Cancelled, Bumped Appointments” or MCGHI Policy 14.03, Cancelled/Bumped Appointment Process):

1. Provider will notify their Chairman or designee in writing, via the Change of Schedule Notification Form, that a full or partial session must be rescheduled.
2. The Chairman or designee will approve or deny the request.
3. If approved, the Change of Schedule Notification Form will be forwarded to the appropriate Practice Site Manager and the Ambulatory Patient Access Services (APAS) department. If not approved by the Chairman or designee, the request will be returned to the provider along with a reason for not approving.
4. The Practice Site Manager will create the schedule modifications as approved and sign off on the Change of Schedule Notification Form within one working day.
5. The signed form will then be forwarded to APAS (*FAX # 1-0494 or email SAMILLER@mail.mcg.edu AND jbailey@mail.mcg.edu*) which will be responsible for all necessary follow-up with patients according to above referenced policy, acknowledging receipt of requested change to Practice Site Manager.
6. Practice Site Manager and Clinical Science Department Manager will both review schedules to assure requested change(s) is/are correct in IDX Scheduling System per originally approved request.