



ISSUE LOG HIS



Complaint Number		Period of complaint	<input type="checkbox"/> During Office Hour <input type="checkbox"/> After Office Hour			
Ward / Clinic			Ext. No.			
Request By		Request Date		Request Time		
Patient Name			MRN No			
Issue / Problem	Date of Admit		Date of Discharge			
	<input type="checkbox"/> Correction of Discharge Summary		<input type="checkbox"/> CIS Order			
	<input type="checkbox"/> Medical Record		<input type="checkbox"/> Correction on Date of Discharge			
	<input type="checkbox"/> Billing / Unit Hasil		<input type="checkbox"/> Others			
	System : <input type="checkbox"/> SPP <input type="checkbox"/> OTMS <input type="checkbox"/> CENSSIS <input type="checkbox"/> LIS <input type="checkbox"/> RIS <input type="checkbox"/> OBSCENTRAL <input type="checkbox"/> OTHERS (PLEASE SPECIFY) _____					
	Description : 					
Request by User : Name : Designation : Signature : Date :		Acknowledgement By Supervisor : Name : Designation : Signature : Date :				
FOR OFFICE USE :	Received By		Date Received		Time	
	Escalated To		Escalated Date		Time	
	Log Category	<input type="checkbox"/> System Bug <input type="checkbox"/> User Faulty				
	Ticket No		Job Sheet No			
	Remarks :				Date Solved	
				Time Solved		
				Signature		
				No Ticket		