

IOWA PHYSICIAN INFORMATION SYSTEM

Customer Name: _____

Data Request Form

Date Received: _____

Types of Health Professional:

- _____ Physician (all)
- _____ MD only
- _____ DO only
- _____ Physician Assistant
- _____ Nurse Practitioner

Specialty:

- _____ All Specialties
- _____ Family Medicine (00)
- _____ Emergency Medicine (01)
- _____ All Internal Medicine (1)
- _____ General Internal Medicine (100)
- _____ Cardiology (115)
- _____ Critical Care Medicine (117)
- _____ Endocrinology/Metabolism (120)
- _____ Gastroenterology (125)
- _____ Geriatric Internal Med (127)
- _____ Hematology (130)
- _____ Infectious Disease (135)
- _____ Medical Oncology (140)
- _____ Nephrology (145)
- _____ Pulmonology (155)
- _____ Rheumatology (160)
- _____ Internal Med/Pediatrics (199)
- _____ All Pediatrics (4)
- _____ General Pediatrics (400)
- _____ Ped. Adolescent Med. (480)
- _____ Ped. Cardiology (430)
- _____ Ped. Critical Care Med. (490)
- _____ Ped. Develop. Disabilities (415)
- _____ Ped. Emergency Med. (492)
- _____ Ped. Endocrinology (440)
- _____ Ped. Gastroenterology (495)
- _____ Ped. Hematology/Oncology (450)
- _____ Ped. Infectious Disease (460)
- _____ Ped. Nephrology (470)
- _____ Ped. Neuro Dev Dis (472)
- _____ Ped. Pulmonology (475)
- Pediatrics Cont'd
- _____ Ped. Rheumatology (485)
- _____ Neonatal-Perinatal Med. (410)
- _____ *Child & Adolescent Psych (505)
- _____ *Ped. Radiology (760)
- _____ *Ped. Surgery (850)
- _____ *Ped. Emergency Med (011)
- _____ Allergy/Immunology (050)
- _____ Anesthesiology (91)
- _____ Dermatology (92)
- _____ Medical Genetics (970)
- _____ Neurology (55)
- _____ Nuclear Medicine (980)
- _____ Ob/Gyn (2)**
- _____ Occupational Med (630)
- _____ Ophthalmology (930)
- _____ Otolaryngology (940)
- _____ Pathology (3)**
- _____ Physical Med/Rehab (95)
- _____ Preventative Med (6)
- _____ Psychiatry (50)** + 009
- _____ Radiology (7)**
- _____ Surgery (8)
- _____ General Surgery (800)
- _____ Colon/Rectal Surgery (810)
- _____ Neuro. Surgery (820)
- _____ Orthopaedic Surgery (830)
- _____ Plastic Surgery (840)
- _____ Thoracic Surgery (860)
- _____ Urology (960)
- _____ Vascular Surgery (870)

Location (by county):

- _____ All Iowa Counties
 - _____ Selected Counties
- (please specify on attached map)

Activity:

- _____ All Activities
- _____ Private Practice (06)
- _____ Medicine Administration (01)
- _____ Student Health (02)
- _____ Occupational Med (03)
- _____ State Institution (04)
- _____ Veterans Administration (05)
- _____ Allopathic Teaching (07)
- _____ Osteopathic Teaching (08)
- _____ Public Health (09)
- _____ Urgent Care (10)
- _____ Research
- _____ HMO (12)
- _____ Locum Tenens (13)
- _____ Hospitalist (14)

Data Sorted By:

- _____ Zip Code
- _____ Last Name
- _____ Other (please specify)

SEPARATE CAMPUS MAIL? Y / N

Format Requested:

- _____ Excel via email
- _____ Roster (specify sort order)

* Indicates that a specialty falls into more than one category, please select specifically to have included.
 **Specialty can be broken down further into subspecialties not listed here.

Special Instructions: _____

Customer Contact/Delivery Address:

Name/Title: _____ Telephone: _____

Address: _____

Email: _____ Fax: _____

| OSCEP USE ONLY: | | Billing Information |
|-----------------------------------|------------------------|--------------------------------------|
| Requested By/Date: _____ | Mail By Date: _____ | Price Quoted As: _____ |
| Programmer's Initials/Date: _____ | | Charge: \$ _____ |
| # of Subjects: _____ | | _____ UI Requisition accompanies |
| Order checked by: _____ | Order mailed by: _____ | _____ Sending UI Requisition |
| Query Path: _____ | | _____ Non- UI (see Customer Contact) |