Health Services
LOS ANGELES COUNTY

Health Informatics Division
Information Resources Management
RPS ENHANCEMENT FORM

Reset Form

Enhancement No.

Request Type:

Type of Priority: ☐ **Urgent (Red)** ☐ **Medium (Yellow)** ☐ **Low (Green)**

Type of Request: ☐ System Modification ☐ Report Modification ☐ New Report

Request Date:
Requestor:
Site:
Contact Number:

Environment: ☐ Test ☐ Production

Description of Enhancement

Date Needed:
Follow-up/Outcome:

User Contacted: ☐ Yes ☐ No

Additional Action Required (Explain):

Issue(s) placed on the following log(s): ☐ (a) History Log ☐ (b) Enhancement Log