

Foxfire Report Request Form

Request Type:	Circle one	Detail	Summary	Cross-Tab	Labels
Request Name:	QAREFERL				
Request Description:	List of Clients with "00" as a Health Care Source				

Data Items (List Data displayed in report):

Card PAN
Cert Date
Parent/Guard Name Combined
Client Name Combined
HCS CID Number (Hide)
HCS Source Codes
Referto Code (Referred to)

Filter Criteria (Limits data in report):

HCS Source Codes	is	Like	00
Cert Date	is	Between	(Ask at Runtime)
<input type="checkbox"/> Omit Duplicates			

Sort/Group (Sets order of data in report):

Parent/Guard Name Combined

Output Details	Destination of report	Circle one	Printer	Screen	File
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Layout Options of Report:

Suppress repeat values	Number of columns
Number of Lines per Detail (single/double spacing)	Number of lines
Number of Spaces between columns	Number of spaces