

Foxfire Report Request Form

Request Type:	Circle one	Detail	Summary	Cross-Tab	Labels
Request Name:	BF602				
Request Description:	Breastfeeding Moms with Risk Code 602				

Data Items (List Data displayed in report):

Card Pan
Client Name Combined
Client Date of Birth (DOB)
Women Para
Women Gestation Weeks
Preg Outcome Sex
Preg Outcome Birth Wt lbs
Preg Outcome Birth Wt ozs
Women Indicator Prev BF
Women Indicator Excl BF
Cert Expiration Date
Phone Number
Service Date (Hide)

Filter Criteria (Limits data in report):

Risk Code	is	Like	602
Client Status Code	is	In the List	AC,IN
Service Date	is	Between	Ask at Runtime
(<input type="checkbox"/>) Omit Duplicates			

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

Card PAN

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