

Foxfire Report Request Form

Request Type:	Circle one	<input checked="" type="radio"/> Detail	<input type="radio"/> Summary	<input type="radio"/> Cross-Tab	<input type="radio"/> Labels
Request Name:	SQMIDPT				
Request Description:	Midpoint Screening				

Data Items (List Data displayed in report):

Cert LA Number
Cert Clinic Number
Client FID Number
Parent / Guard Name Combined
Client Name Combined
Client Date of Birth (DOB)
Cert Date
Infant Midpt Due Date
Infant Midpt Revw Date
Appt Date
Client Last Issue Date

Filter Criteria (Limits data in report):

Client Clinic Number	Is	Like	(ask at runtime)
Client Date of Birth (DOB)	Is	Between	(ask at runtime)
Client Status Code	Is	Like	AC
Client Lock Code (DP/TR)	Is	Blank	
<input checked="" type="checkbox"/> (X) Omit Duplicates			

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

Parent / Guard Name Last
Parent / Guard Name First
Client Name Last
Client Name First

Output Details	Destination of report	Circle one	<input type="radio"/> Printer	<input type="radio"/> Screen	<input type="radio"/> 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

Updated 10/01/2012