

# Michigan Care Improvement Registry (MCIR)

## Petition for Modifications to MCIR Information 01/11/2007

### Person's Information (As it currently appears in MCIR)

*If person has more than one record, please list all records below. Use additional forms if necessary.*

Current MCIR Name (Last, First, Middle)	Suffix (i.e., III)	DOB	MCIR ID	<input type="checkbox"/>
Harry, Boz, M.		11/3/02	111111111	Active

**MCIR Use Only** Action taken: Delete Merge Not Dups Opt Out

Current MCIR Name (Last, First, Middle)	Suffix (i.e., III)	DOB	MCIR ID	<input type="checkbox"/>
Harrie, Boz, Michael		11/3/02	222222222	Active

**MCIR Use Only** Action taken: Delete Merge Not Dups Opt Out

<b>Correct Name</b> (Last, First, Middle)	Suffix (i.e., III)	DOB	Sex	Deceased
Harry, Boz, Michael			M / F	<input type="checkbox"/>

Alias (Last, First)	Plurality:	1 of 1	1 of 2
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### Vaccine Encounter Information: \*Add column is only for use by offices unable to add data directly into the MCIR!

Immunization Date	Vaccine Type	Modify (Date / Vaccine Type)	Delete	Add
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Add option is for "view" users only.  
If your site can add shots, the R6 office WILL NOT add shots for you.

Your office is responsible for deleting shots which you entered.

### Responsible Party Information: \*Only for use by offices unable to modify MCIR data!

Delete  Modify  Add

Name (Last, First, Middle, Suffix)

If you can add data to the MCIR, you SHOULD NOT petition the office to change this data for you.

Address (Street, P.O. Box, City, County, State, Zip Code)

**Documentation supporting requested changes must be submitted with this petition in order for changes to occur.**

### Requester Information:

Signature: You must fill out this section in order for the regional office to process your request. Date: \_\_\_\_\_

Provider/Organization Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

This area is for regional MCIR use only.

Documentation:	<p><b>Mail to:</b> Region 6 MCIR Petition for Modifications 2920 College Avenue Escanaba, MI 49829</p> <p><b>MCIR</b> <small>Michigan Care Improvement Registry</small></p> <p><b>Fax to:</b> 906-789-8151 <b>Helpdesk:</b> 1-888-217-3905</p>
Signature:	
Modification /	
Merge Date:	



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