



Information System for Hospitals and Clinics.

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Request for Customization Form

RCF No : _____

For Client

Client Name : _____

Name of Module : _____

Requested By : _____
(Name/Department)

Date : _____

Approved By : _____
(Department Head / Admin Staff)

Approved Date: _____

Description of Modification of Request : _____

Reasons for Modification or Request : _____

Approved By : _____
(I.T Head)

Approved Date: _____

For Medsys

Received By : _____

Received Date : _____

Approval Status :

Approved Non-Chargeable Chargeable : _____

Approved By : _____ Approved Date: _____

Disapproved

Remarks : _____

Estimated Date / Delivery Date : _____

Done By : _____

Date : _____