

<b>Patient Name:</b>
<b>Patient Encounter Number:</b>
<b>Date of Birth:</b>
<b>Date of Service:</b>
<b>Date of Change:</b>
<b>Reason for Change:</b>
<b>Description of Change:</b>
<b>Name / Title of Person Making Change:</b>

<b>Original Code(s)</b>	<b>Corrected Code(s)</b>

- Addendum included and electronically signed/approved in NextGen (WHP Practices)**
- Additional documentation attached**

