

Work Order Request

Pharmacy name	Urgent Important Optional	Email
Requested by		Phone
Priority		Date requested

1.1 Work order request (reason for request) (pharmacy to complete)

Enter the details of the problem, and a concise explanation of how it occurred.

1.2 Proposed change/s (pharmacy to complete)

Enter the proposed change(s) and what the end result should be, according to your pharmacy.

1.3 Justification of change (pharmacy to complete)

Explain why the change is necessary and justified. Include any known risks or dependencies.

1.4 Minfos support response (Minfos to complete)

The response to the problem from Minfos support, and the proposed solution to the problem.

1.5 Schedule, resources, and costing (Minfos to complete)

The timeline for the resolution of the problem, and the schedule of rates.

Description	Days	Rate/Day	Total Amount
TOTAL			

1.6 Assessment (Minfos to complete)

Request accepted		Comments	
Request rejected		Reason	
Date endorsed by manager			

1.7 Sign-offs

Sign-Offs	Name	Date	Signature
Pharmacy Manager			
Minfos Customer Service Desk Manager			
Head of Minfos			
Other			

Click the Submit button to send this form to Minfos Support at help@minfos.com.au