

Fax completed form to: (269) 373-5079

Submitter Information	
Provider Office Name	
Individual Requesting Change	
Contact Phone	
Contact Fax	
Contact E-mail address	

MCIR ID of the record requiring modification:																				
Patient Name & Date of Birth:																				

Complete this section for Name and Date of Birth (DOB) Corrections:

Check Type of Change Requested	<input checked="" type="checkbox"/>
<i>Legal Name Change</i> (adoption, marriage)	
<i>Name Change</i> due to Data Entry Error	
<i>DOB Change</i> due to Data Entry Error	

Specify correct client information	
Correct Last Name	
Correct First Name	
Correct Date of Birth	
Correct Gender	

DO NOT REQUEST DUPLICATE RECORD MERGES on this form:
Mark the records duplicates when they show up in your search or from your roster, modify roster. If other corrections are needed to the records i.e.: name change, etc after the merge, contact the help desk at the number below.

Complete this section for shot data corrections:

*Record the specific vaccine type in this section; e.g. DTP or DTaP
 Please note: your clinic may modify (or delete) shots entered by your clinic, click on the history screen in the MCIR record and the shots that appear as links may be edited or deleted.*

	Current Data	Correct Data	Edit <input checked="" type="checkbox"/>	Delete <input checked="" type="checkbox"/>
1				
2				
3				
4				
5				

Completed forms may also be mailed to:
MCIR Help Desk
Kalamazoo County HCS, PO Box 42 Nazareth MI 49074-0042

Questions??? Call the help-desk at: 1-888-217-3901