

**UMMG - IDX
SCHEDULING**

Dictionary Maintenance Form

**SCHEDULING DEPARTMENT
DICTIONARY #301**

Date: _____

Check the appropriate box:

Add Deactivate Update

Scheduling Department Name: _____

Pre-scheduling message _____

Post-scheduling message _____

Telephone # _____

Number of days to extend masters _____

Corresponding Billing Area(s)	Corresponding Billing Area(s)	Corresponding Billing Area(s)
1.	3.	5.
2.	4.	6.

Corresponding Division _____

Address _____

City, State _____

Zipcode _____

Telephone # _____

DEPT Effective Date: _____
 Department: _____
 Submitted by: _____
 Telephone #: _____

UMMG-IDX Processed by: _____
 Department Mnemonic: _____
 Department Number : _____
 Date: _____

**Fax the completed form to Attn: Dictionary Maintenance at 243-7355.
Please keep a copy for your departmental records.**