

# MIMI Report Fax

To: Drew Lifset, ESRD Network #15  
Fax: 303.860.8392  
Re: MIMI user report

Person Completing this form (print, please): \_\_\_\_\_

Clinic Name and Provider Number: \_\_\_\_\_

Contact Phone number: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

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This report regards (circle one please):

A "Bug" or operational problem      Comment      Suggestion      Instruction/Explanation Needed

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If this is a problem report, please briefly describe what you were doing when the problem occurred, and include the exact text from any error window that appeared:

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Use this area to provide any additional information that you think might be of use in describing your problem, or to provide feedback or comments not related to technical issues while using MIMI:

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***Thanks for taking the time to complete and send this form! Your input is invaluable to the successful development of a useful tracking tool, and will be used both to correct problems in the spreadsheet as it stands and to implement upgrades and new features in the future.***