

DIAGNOSTIC/SURGICAL PROCEDURE REVIEW

Procedure _____ Date of procedure _____

Surgeon I.D.# _____ Attending physician I.D.# _____

Medical Record # _____ Patient Age _____ Patient Sex _____

1. Does the medical record meet the criteria for indication of diagnostic/surgical procedure? Y _____ N _____
2. Is a History and Physical (as required for IV Sedation/Local anesthesia) complete? Y _____ N _____
3. Does the medical record contain written or dictated explanation of procedure/findings? Y _____ N _____
4. Was tissue removed? Y _____ N _____
5. Was appropriate pathological exam performed? Y _____ N _____ NA _____
6. If pathological exam was not done, is the reason documented in the medical record? Y _____ N _____ NA _____
7. Is the final diagnosis valid? Y _____ N _____
8. Were there any post-procedure complications? Y _____ N _____
Explain: _____

9. Did the patient require hospitalization following the procedure? Y _____ N _____
10. Should the medical record be referred to the attending physician/surgeon for comment? Y _____ N _____
11. Reviewing physicians comments:

Physician Reviewer

Date

Non-physician reviewer

Date