

Peer Review of Medical Records

CASE COVER SHEET



Record ID

Name of animal/client or assigned code

Case Type:

Surgery

Veterinarian(s) Involved

Please do not include:
 x The entire medical history or records that are more than two years old.
 x Components that are not relevant to the case type.

This case must include the following:

<ul style="list-style-type: none"><input type="checkbox"/> Invoices, Cost Estimates<input type="checkbox"/> Client/Patient Identification<input type="checkbox"/> History, Physical Exam findings<input type="checkbox"/> Record of Vaccinations<input type="checkbox"/> Assessment: problem list, differential/final diagnosis<input type="checkbox"/> Medical treatments (drugs administered, prescribed, dispensed)<input type="checkbox"/> Professional Advice and Client Communications	<ul style="list-style-type: none"><input type="checkbox"/> Audit Trail (for electronic records)<input type="checkbox"/> Notes on general anesthesia<input type="checkbox"/> Surgical log (major surgery only)<input type="checkbox"/> Anesthetic log (for general anesthetic)<input type="checkbox"/> Controlled drug logs<input type="checkbox"/> Surgical notes (e.g., protocols)
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Additional components included with this case:

If applicable:

- Name and address of alternate contact person (in the absence of the client)
- Documentation of informed client consent (e.g., written or verbal consent)
- Hospitalization progress notes (e.g., in-hospital treatment flow sheet)
- Laboratory reports/test results
- Radiographs + log
- Referral letters and reports
- Insurance Forms

***For a timely and accurate review, please ensure all components for the case type are included.**
FPAEP