

# Peer Review of Medical Records

## CASE COVER SHEET



### Record ID

Name of animal/client or assigned code

### Case Type:

Chronic Medical

### 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"><li><input type="checkbox"/> At least 2-3 visits, with one being the diagnosis.</li><li><input type="checkbox"/> Invoices, Cost Estimates</li><li><input type="checkbox"/> Client/Patient Identification</li><li><input type="checkbox"/> History, Physical Exam findings</li><li><input type="checkbox"/> Record of Vaccinations</li><li><input type="checkbox"/> Assessment: problem list, differential/final diagnosis</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Medical treatments (drugs administered, prescribed, dispensed)</li><li><input type="checkbox"/> Documentation of informed client consent (e.g., written or verbal consent)</li><li><input type="checkbox"/> Professional Advice and Client Communications</li><li><input type="checkbox"/> Audit Trail (for electronic records)</li></ul>
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### Additional components included with this case:

#### If applicable:

- Emergency Contact Information
- Monitoring notes for hospitalization (e.g., in-hospital treatment flow sheet)
- Laboratory Reports/test results
- Consent forms
- Referral letters and reports
- Radiographs
- Logs (controlled drug, surgical, anesthetic, radiology)
- Insurance forms

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