

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<input type="checkbox"/> Audit Trail (for electronic records)	<ul style="list-style-type: none"><input type="checkbox"/> Documentation of informed client consent<input type="checkbox"/> Emergency Contact Information<input type="checkbox"/> Notes on general anesthesia (e.g. anesthetic monitoring sheet)<input type="checkbox"/> Surgical/anesthetic log<input type="checkbox"/> Controlled drug logs<input type="checkbox"/> Surgical notes (e.g., protocols)<input type="checkbox"/> Hospitalization progress notes (e.g., in-hospital treatment flow sheet)
--	--

Additional components included with this case:

If applicable:

- 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.**