



**Initial Appointment Focused Professional Practice Evaluation**

<b>NAME:</b>
<b>SPECIALTY:</b>
Requesting Additional Privilege:

**Maintain HIPAA Compliance – Please do not list patient names**

PATIENT 1 MEDICAL RECORD #:
DIAGNOSIS:
PRIMARY PROCEDURE (if applicable):
PATIENT 2 MEDICAL RECORD #:
DIAGNOSIS:
PRIMARY PROCEDURE (if applicable):
PATIENT 3 MEDICAL RECORD #:
DIAGNOSIS:
PRIMARY PROCEDURE (if applicable):
PATIENT 4 MEDICAL RECORD #:
DIAGNOSIS:
PRIMARY PROCEDURE (if applicable):
PATIENT 5 MEDICAL RECORD #:
DIAGNOSIS:
PRIMARY PROCEDURE (if applicable):

*During the review period, the reviewer shall conduct a concurrent review a minimum of five (5) medical records. The records reviewed must be of differing diagnoses (identified above).*

**Upon completion, the evaluation form must be returned to:**

**Medical Staff Services  
3535 Southern Blvd.  
Kettering, Ohio 45429  
(937)395-8393 phone  
(937)395-8357 fax**