

Initial Appointment Focused Professional Practice Evaluation

NAME:
SPECIALTY:

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 Pentagon Blvd.
Beavercreek, Ohio 45431
(937)702-4024 phone
(937)702-4035 fax