

SUPERVISOR REPORT - CHART REVIEW

Complete the chart review table for each patient chart reviewed and patient observed and submit the table(s) with your report.

PATIENT INITIALS:

BIRTHDATE:

DATE OF VISIT:

DIRECT OBSERVATION: YES NO

PATIENT REASON FOR VISIT:

	Appropriate	Appropriate With recommendation (list below)	Concerns (list below)	Not applicable
Comprehensive Clinical Examination: Medical History Review Radiographs and Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Work-up: Diagnosis and Treatment Plan Progress Notes Material/ Method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Follow-up and Recall Exams: Pre-op and Post-op Instructions Follow Up Appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Appropriate	Appropriate With recommendation (list below)	Concerns (list below)	Not applicable
General Recordkeeping Requirements: Informed Consent Financial records Prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct observation – communication with patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Comments/Concerns				

08/24_5639