

Dentist: CUMMINGS
Date: _____
Charts: 10

**2009
DENTAL PEER REVIEW
EXAM**

Key Code: Y = Yes/present N = No/absent NA = Not applicable

	Screen Criteria Detail									
	CHART#1	CHART#2	CHART#3	CHART#4	CHART#5	CHART#6	CHART#7	CHART#8	CHART#9	CHART#10
1	The patient was examined as recommended?									
2	The EXAM note includes clinical findings?									
3	The EXAM note includes the treatment provided?									
4	The EXAM note includes a plan of care?									
5	The date and time of the encounter are documented?									
6	The documentation is in the approved format (i.e., SOAP, SOAPE, DAP)?									
7	The documentation is legible?									
8	The providers signature and title are documented?									

All "NO's" require explanation

Dentist: CUMMINGS
Date: _____
Charts: 10

**2009
DENTAL PEER REVIEW
SICK CALL**

Key Code: Y = Yes/present N = No/absent NA = Not applicable

Screen Criteria: Detail		Patient Record Number									
		CHART#1	CHART#2	CHART#3	CHART#4	CHART#5	CHART#6	CHART#7	CHART#8	CHART#9	CHART#10
1	The patient was evaluated as recommended in the triage data?										
2	The sick call note includes clinical findings?										
3	The sick call note includes the treatment provided?										
4	The sick call note includes a plan of care?										
5	The date and time of the encounter are documented?										
6	The documentation is in the approved format (i.e., SOAP, SOAPE, DAP)?										
7	The documentation is legible?										
8	The providers signature and title are documented?										

All "NO's" require explanation