

MEDICAL RECORD CLINICAL PERTINENCE REVIEW
OUTPATIENT / ER

PROVIDER CODE: _____

DATE OF SERVICE: _____

MEDICAL RECORD NUMBER: _____

(Circle one)

Ancillary services used: Y N N/A Comment: _____

Orders written for ancillary services: Y N N/A Comment: _____

Assessment documented: Y N Comment: _____

Exam documented: Y N Comment: _____

Diagnosis provided: Y N Comment: _____

Plan of Care outlined: Y N Comment: _____

Additional Comments: _____

Date: _____

Reviewer Code: _____