

RINJ PEER REVIEW CHART AUDIT FORM

FILE OF: _____
 (Patient’s Name)

PATIENT OF:

REVIEW DATE: _____

REVIEWED BY: _____

ASSISTED BY: _____

		YES	NO	N/A	COMMENTS
1	Patients’ Medical History				
2	Pre-Operative Evaluation				
3	Diagnostic test and/or blood test result				
4	Procedure’s consent form(s) accepted and signed by the patient				
5	Pre-Anesthetic Evaluation, Anesthetic consent form accepted and signed by the patient				
6	Operation Report and Anesthesia Record				
7	Recovery Notes				
8	Post-Operative Visit(s)				

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