

**CONFIDENTIAL PEER REVIEW DOCUMENT**  
**Evaluation Form for Proctoring Diagnostic Imaging Study: Interpretation and Reporting**

**This form is to be completed by proctor and returned to the Medical Staff Office.**

Name of proctor conducting review: \_\_\_\_\_

Review Type:  Concurrent  Retrospective

Name of practitioner being reviewed: \_\_\_\_\_ Patient MR#: \_\_\_\_\_

Diagnostic Study interpreted / report dictated:  
\_\_\_\_\_

Please answer the following : If the answer is 'no', please explain.

	Yes	No
Was the interpretation complete?	_____	_____

	Yes	No
Was the interpretation accurate?	_____	_____

	Yes	No
Was report clear?	_____	_____

	Yes	No
Was there a complication?	_____	_____

Overall evaluation:  Acceptable  Unacceptable

**Proctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_