



Atrium Health

Medical Staff Services

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PROCTORING REPORT

PHYSICIAN: _____ DATE: _____

AGE OF PATIENT _____ MEDICAL RECORD NUMBER: _____

ADMITTING DIAGNOSIS OR COMPLAINT: _____

PROCEDURE OR NON-PROCEDURAL SKILL PERFORMED: _____

DISCHARGE DIAGNOSIS: _____ LENGTH OF STAY: _____

PROCTOR'S APPRAISAL:

Please utilize the following rating scale in your evaluations:

1. Reviewed care/outcome was expected and acceptable.
2. Reviewed care/outcome not necessarily routine, but not totally unexpected.
3. Reviewed care/outcome unexpected.
4. Reviewed care/outcome very unexpected.
5. Unable to Evaluate

- REVIEWER COMFORTABLE.
 REVIEWER COMFORTABLE.
 REVIEWER UNCOMFORTABLE.
 REVIEWER DISPLEASED
 UNABLE TO EVALUATE

PLEASE CHECK THE APPROPRIATE NUMBER	1	2	3	4	5	N/A	COMMENTS
1. Necessity of Admission/Procedure							
2. History							
3. Physical Examination							
4. Use of Laboratory Studies							
5. Use of X-ray Studies							
6. Use of Drug Therapy							
7. Follow-up Care							
8. Level of Care							
9. Consultations							
10. Progress Notes							
11. Complications							
12. Pre-Procedure/Work-up							
13. Procedure Judgment							
14. Procedure Technique							
15. Knowledge of Procedure							
16. Results of Procedure							
17. Procedure Time							
18. Overall Quality of Care							
19. General Comments							
OVERALL QUALITY OF CARE							

GENERAL COMMENTS: _____

PROCTOR'S SIGNATURE: _____

Date: _____