

Peer Review of Medical Records

CASE COVER SHEET



Record ID

Name of animal/client or assigned code

Case Type

- | | |
|--|--|
| <input type="checkbox"/> Acute medical | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Chronic medical | <input type="checkbox"/> Wellness or herd health |
| <input type="checkbox"/> Other (please specify): _____ | |

Veterinarian(s) Involved

Components Checklist

The list below is a guideline to help you with preparing your records for submission. **For an accurate review of your records, please ensure that all record components are submitted.** If a component is not relevant to the case type, please indicate N/A beside the component.

Component	Component included for submission?		
	Yes	N/A	Comments
Patient Record:			
• Client/Patient Identification	<input type="checkbox"/>	<input type="checkbox"/>	
• Emergency Contact Information	<input type="checkbox"/>	<input type="checkbox"/>	
• History, Record of Vaccinations, PE findings	<input type="checkbox"/>	<input type="checkbox"/>	
• Assessment: problem list and differential diagnoses/final diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	
• Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>	
• Medical treatments including any drugs administered, prescribed or dispensed	<input type="checkbox"/>	<input type="checkbox"/>	
• Surgical procedures, if applicable (protocols)	<input type="checkbox"/>	<input type="checkbox"/>	
Monitoring Forms, Flow Sheets (e.g. anesthetic monitoring sheet, hospitalization flow sheets)	<input type="checkbox"/>	<input type="checkbox"/>	
Consent Forms	<input type="checkbox"/>	<input type="checkbox"/>	
Fees and charges (e.g. estimates, invoices)	<input type="checkbox"/>	<input type="checkbox"/>	
Client Communications (e.g. discharge instructions, home care templates, discussion notes)	<input type="checkbox"/>	<input type="checkbox"/>	
Laboratory Reports/test results:	<input type="checkbox"/>	<input type="checkbox"/>	
• Blood work, cytology, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
• Digital copies of Radiographs and Ultrasounds (do not submit originals)	<input type="checkbox"/>	<input type="checkbox"/>	
Logs if applicable (e.g. controlled drug, surgical/anesthetic, radiography)	<input type="checkbox"/>	<input type="checkbox"/>	
Referral Letters if applicable	<input type="checkbox"/>	<input type="checkbox"/>	
Certificates if applicable (e.g. vaccine)	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance Forms if applicable	<input type="checkbox"/>	<input type="checkbox"/>	
Audit Trail if applicable (required for electronic records)	<input type="checkbox"/>	<input type="checkbox"/>	

A list of what should be included in the submission for each record is available in the PRMR Participant Information Package. Please attach a completed case cover sheet to each case submitted.