SAN ANTONIO REGIONAL HOSPITAL **FPPE – RADIOLOGY** PRECEPTOR REPORT CONFIDENTIAL REPORT

Physician Being Proctored:	Medical Record #:		
Procedure:	Patient Name:		
Date of Procedure:	□ Direct Observation	□ Retrospective Review	

Reason for Review: New Member New Privilege 					
INVASIVE PROCEDURES:					
Please comment below for any "NO" responses.		NO	N/A		
1. Appropriate Procedure for diagnosis?					
2. Appropriate level of technical ability?					
3. Appropriate judgment displayed?					
4. Appropriate outcome?					
5. Appropriate documentation?					
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DIAGNOSTIC PROCEDURES:					
Please comment below for any "NO" responses.		NO	N/A		
1. Was the radiologic interpretation correct?					

2. Was the documentation appropriate?

OVERALL PERFORMANCE:		
□ Satisfactory	□ Unsatisfactory (Please explain under Comments)	Unable to Review(Please explain under Comments)
Comments:		
PROCTOR'S NAME (Please Print): _		
PROCTOR'S SIGNATURE		DATE

PLEASE RETURN THE COMPLETED FORM TO THE MEDICAL STAFF SERVICES OFFICE