Washington Hospital Services

Specialty Chart Review Request

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| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Specialty to be reviewed:

|  |  |
| --- | --- |
| * Anesthesia
* CRNA
* Cardiology
* General Surgery
* General Surgery – Colo/rectal emphasis
* Infectious Disease
* Neonatology
* Neurology
 | * OB/GYN
* Oncology
* Orthopedic Surgery
* Orthopedic Surgery - Pediatric
* Radiology
* Interventional Radiology
* Sleep Medicine
* Urology
* ENT
* Unlisted specialty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

Number of charts: \_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Composition of Chart to be Reviewed: | * Paper
 | * Electronic
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Reason for review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Send completed request forms to:

Rich Boucher

E-mail: richb@wsha.org

Fax: (206) 577-1942

Next steps:

WHS will confirm receipt of request and coordinate reviewers. *Please do not send charts until WHS gives authorization to send.*