Washington Hospital Services

Specialty Chart Review Request

|  |
| --- |
| 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 |

Reason for review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send completed request forms to:

Rich Boucher

E-mail: [richb@wsha.org](mailto: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.*