

## RADIOLOGY PROCTORING REPORT

## TEMPORARY& PROVISIONAL STAFF MEMBERS OR NEW PRIVILEGE REQUEST

designee. The physician list above has successfully completed proctoring for the privil with the proctoring requirements as stated on the Department of Radiology privilege for Dates of one-month review	eges listed bel	NO	
Reports performed will be reviewed initially for a one (1) month period by the designee. The physician list above has successfully completed proctoring for the privil with the proctoring requirements as stated on the Department of Radiology privilege for Dates of one-month review	eges listed bel	NO	cordanc
designee. The physician list above has successfully completed proctoring for the privil with the proctoring requirements as stated on the Department of Radiology privilege for Dates of one-month review	eges listed bel	NO	cordanc
Dates of one-month review	YES	NO	
Dates of one-month review	YES		N/A
(mm/yyyy) (mm/yyyy)  80.00 Radiology Core  80.10 Teleradiology Core  80.01 Interpretation of Mammography  80.03 Image Guided Breast Interventional Procedures  80.08 Interpretation of Diagnostic Imaging Modalities  COMMENTS:  PROCTOR NAME  PROCTOR SIGNATURE  PATIENT NAME:  MEDICAL RECORD#:  ADMIT/PROCEDURE DATE  ADMITTING DIAGNOSIS:			N/A
80.00 Radiology Core 80.10 Teleradiology Core 80.01 Interpretation of Mammography 80.03 Image Guided Breast Interventional Procedures 80.08 Interpretation of Diagnostic Imaging Modalities  COMMENTS:  PROCTOR NAME PROCTOR SIGNATURE  2. FOR EVALUATION OF MODERATE SEDATION ONLY  PATIENT NAME:  MEDICAL RECORD#:  ADMIT/PROCEDURE DATE  ADMITTING DIAGNOSIS:			N/A
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PROCTOR NAME  PROCTOR SIGNATURE  2. FOR EVALUATION OF MODERATE SEDATION ONLY  PATIENT NAME:  MEDICAL RECORD#:  ADMIT/PROCEDURE DATE  ADMITTING DIAGNOSIS:	TODAYS DAT	TE	
PROCTOR NAME  PROCTOR SIGNATURE  2. FOR EVALUATION OF MODERATE SEDATION ONLY  PATIENT NAME:  MEDICAL RECORD#:  ADMIT/PROCEDURE DATE  ADMITTING DIAGNOSIS:	TODAYS DAT	TE	
ADMITTING DIAGNOSIS:	AGE: _		
ADMITTING DIAGNOSIS:	:		
PROCEDURE:			
Meets Standard of Care Does Not Mee		Not Appl	icable
Ca (PLEASE EXPL	_		
Sedation & Analgesia:	,		
Proctored at time procedure is performed by anesthesia or a similar specialist with like privileges			
OR			
First three (3) by anesthesia if not able to demonstrate 3 cases in the past 12 months			
COMMENTS:			
OWINEINIS.			
NESTHESIOLOGIST DEOCTORING SERVICION SIGNATURE			



## **RADIOLOGY PROCTORING REPORT**

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	B. PROCTORING FOR SPECIAL PROCEDURES						
PATIENT NAME: AGE: AGE:							
EDICAL RECORD#:	ECORD#: ————— ADMIT/PROCEDURE DATE: ————————————————————————————————————						
ADMITTING DIAGNOSIS:							
OCEDURE:							
***********************************							
	Meets Standard of Care	Does Not Meet Standard of Care (PLEASE EXPLAIN BELOW)	Not Applicable				
. Patient Work-up and Diagnostic ormulation rsychiatry and Clinical Psychology includes: leason for Consult; History of Present Illness							
ast Psychiatric History ; Medical History amily and Social History ; Mental Status Exam iagnosis; Treatment Recommendation							
. Judgment . Technique							
. Management							
. Documentation							
. Timeliness							

PLEASE EMAIL THE COMPLETED FORM TO: \_medicalstaffservices@tmmc.com

(PLEASE NOTE THERE IS AN UNDERSCORE AT THE BEGINNING OF THE EMAIL ADDRESS)

THE MEDICAL STAFF OFFICE

3330 Lomita Boulevard • Torrance, CA 90505-5073 • 310-517-4616 Phone