



RADIOLOGY PROCTORING REPORT

TEMPORARY & PROVISIONAL STAFF MEMBERS OR NEW PRIVILEGE REQUEST

Physician Being Observed: _____

1. PROCTORING REQUIRING ONE MONTH REVIEW

Reports performed will be reviewed initially for a one (1) month period by the Chief of Radiology or his/her designee. The physician list above has successfully completed proctoring for the privileges listed below in accordance with the proctoring requirements as stated on the **Department of Radiology** privilege form.

Dates of one-month review _____ thru _____
(mm/yyyy) (mm/yyyy)

		YES	NO	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

TODAYS DATE

2. FOR EVALUATION OF MODERATE SEDATION ONLY

PATIENT NAME: _____ AGE: _____

MEDICAL RECORD#: _____ ADMIT/PROCEDURE DATE: _____

ADMITTING DIAGNOSIS: _____

PROCEDURE: _____

	Meets Standard of Care	Does Not Meet Standard of Care (PLEASE EXPLAIN BELOW)	Not Applicable
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: _____

ANESTHESIOLOGIST PROCTORING SEDATION

SIGNATURE

DATE

