



**ALLIED HEALTH PROFESSIONAL
PROCTORING REPORT
TEMPORARY & PROVISIONAL STAFF MEMBERS OR NEW PRIVILEGE REQUEST**

PRACTITIONER BEING OBSERVED: _____

SERVED AS A: SURGICAL FIRST ASSISTANT SECOND ASSIST FOR CORONARY ARTERY BYPASS SURGERY NOT APPLICABLE

PATIENT NAME: _____ AGE: _____

MEDICAL RECORD#: _____ ADMIT/PROCEDURE DATE: _____

ADMITTING DIAGNOSIS: _____

PROCEDURE: _____

REPORT OF PROCTOR PLEASE CHECK APPLICABLE BOX(S)

HISTORY & PHYSICAL DAILY ROUNDS PROGRESS NOTE CONSULT

	Meets Standard of Care	Does Not Meet Standard of Care (PLEASE EXPLAIN BELOW)	Not Applicable
1. Patient Work-up and Diagnostic Formulation			
2. Judgment			
3. Technique			
4. Management			
5. Documentation			
6. Timeliness			

COMMENTS: _____

PROCTOR NAME

PROCTOR SIGNATURE

DATE

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

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