

figure 1. physician review form

Vascular Laboratory Quality Assurance Physician / Final Report Review

Type of Noninvasive Exam: _____ Date of Exam: _____
Physician i.d.: _____
Reviewer i.d.: _____

	Study #1	Study #2	Study #3
Interpretation			
Report			

Interpretation Scoring: No Discrepancies=1 | Minor Discrepancies=2 | Major Discrepancies=3
Report Scoring: Accurate/Complete=1 | Minor Inconsistencies=2 | Major Inconsistencies=3

Review Comments:

Study #1 _____

Study #2 _____

Study #3 _____

