

Peer Review Request

MEDICAL PEER REVIEW / PRIVILEGED & CONFIDENTIAL

Imaging Location: _____

Study Type: _____ Study Date _____

Patient Name (Please print) _____

DOB (Required) _____ MR# _____

Submitting Radiologist/Facility Administrator (Please print): _____

Please score case (Required)

- Score 3b: Discrepancy in interpretation/should be made most of time. Likely to be significant.
- Score 3a: Discrepancy in interpretation/should be made most of time. Unlikely to be significant.
- Score 2b: Discrepancy in interpretation/not ordinarily expected to be made (understandable miss). Likely to be significant.

1.) In what way was the case misinterpreted? Or was this a Proofreading Error? Critical Results not called error?

2.) Please list pertinent prior or follow up imaging studies that the MPR Committee should review.

Completed forms can be submitted to Dawn Hinkle via fax or mail.

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