SUMMARY OF FINDINGS FROM QUARTERLY QA

Period of Review:_____

Name of Audit/QA:_____

Number of Charts Audited:_____

Summary of Findings:

□ No specific medical issues identified
□ Certain Medical Issues are in Question (see comments)
□ Adverse findings identified (see comments)
□ Follow-up with provider is needed
□ Narcotics prescribing reviewed
□ Optional: PDMP My RX Audit performed

Comments/Discussions/Changes to be made (if any):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Physician name/
signature:_____

Date:_____

CRNP
name/signature:_____

Date:_____