

**Medical Records Review**

Primary Provider Name:

Provider Name: (2)/ Provider #

Provider Name: (3)/ Provider#

Provider Name: (4)/ Provider #

Primary Provider Number:

RQAR:

Review Date:

Chart Identification	Adult/Child/Special	Dr. ID	I Record Form (13)			II Case History (18)				III Entering Acuties (4)		IV Binoc Coord (4)		V Eye Health (30)							VI Refraction (16)			VII Assessment (15)			Totals										
			Form (5)	Demographics (4)	Legibility (4)	CC (6)	EH (5)	MH (5)	FH (2)	Distance (2)	Near (2)	Ocular Motility (2)	CT/ Phoria (2)	External (7)	Fundus (7)	Visual Field (2)	Pupil (4)	Tonometry (5)	Diabetes Y or N	Dilation (5)	Objective (4)	Subjective (8)	Near Assessment (4)	Diag./Assess. (6)	Education/ Plan (6)	Dr. Signature (3)											
																																		0			
																																			0		
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																																			0		
																																				0	
																																				0	
																																				0	
																																					0
																																					0
Numerical Totals	XX	XX																																			
Numerical Average	XX	XX																																			

Observations & Comments:

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ADD SEPARATE SHEET FOR ADDITIONAL COMMENTS:

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For Office Use Only:

Site Visit	I	II	III
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Record Review	I	II	III
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RQAR Signature