Practice Assessment Report

#1 Patient ID (Initials and Date of Birth):

Clinical Observation Form - Procedural

Please consider the evidence found during the on-site visit regarding the appropriateness of the physician's actions in dealing with each patient.

Physician Name:			

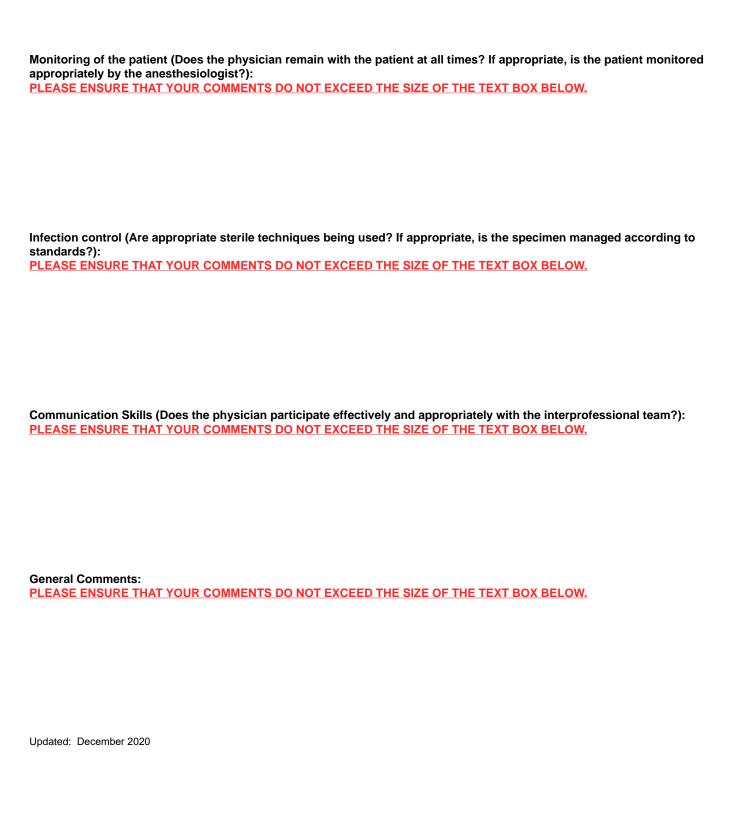
Procedure being observed:

PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Initial encounter with the patient (Does the physician ensure appropriate informed consent for the procedure? Was the verification process conducted according to the standards?):

PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

#1 Patient ID (Initials and Date of Birth):



Practice Assessment Report

Clinical Observation Form - Procedural

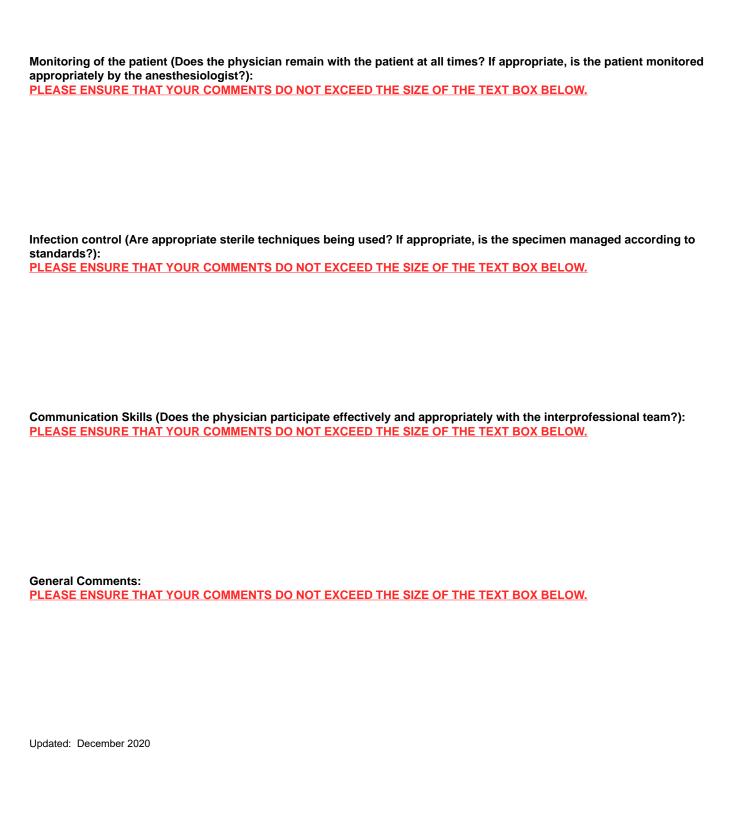
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Procedure being observed: PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.	
#2 Patient ID (Initials and Date of Birth):	
Physician Name:	
dealing with each patient.	

Initial encounter with the patient (Does the physician ensure appropriate informed consent for the procedure? Was the verification process conducted according to the standards?):

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#2 Patient ID (Initials and Date of Birth):



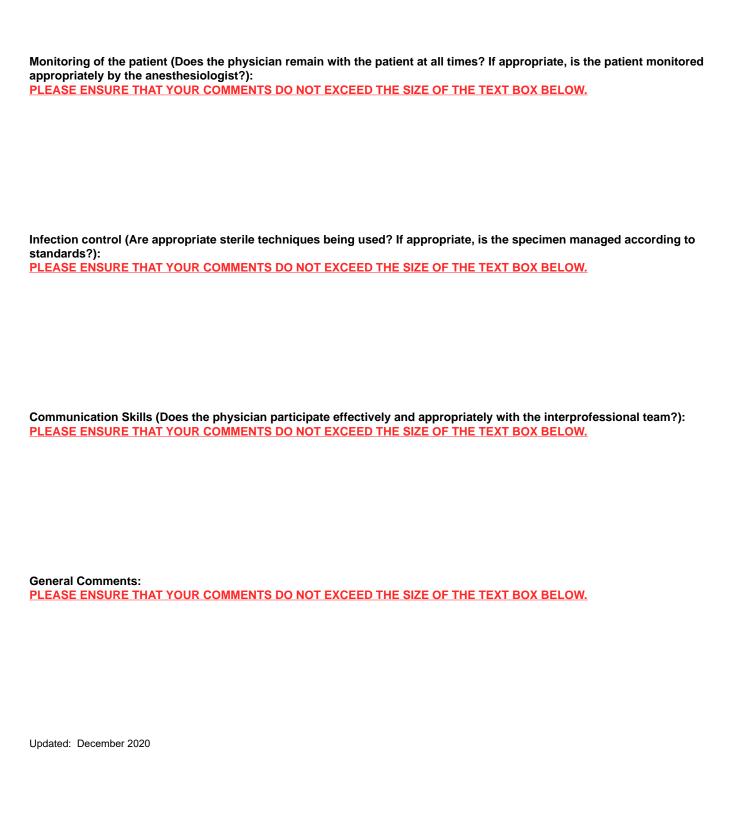
Practice Assessment Report

Clinical Observation Form - Procedural

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Physician Name:
#3 Patient ID (Initials and Date of Birth):
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#3 Patient ID (Initials and Date of Birth):



Practice Assessment Report

Clinical Observation Form - Procedural

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Physician Name:	
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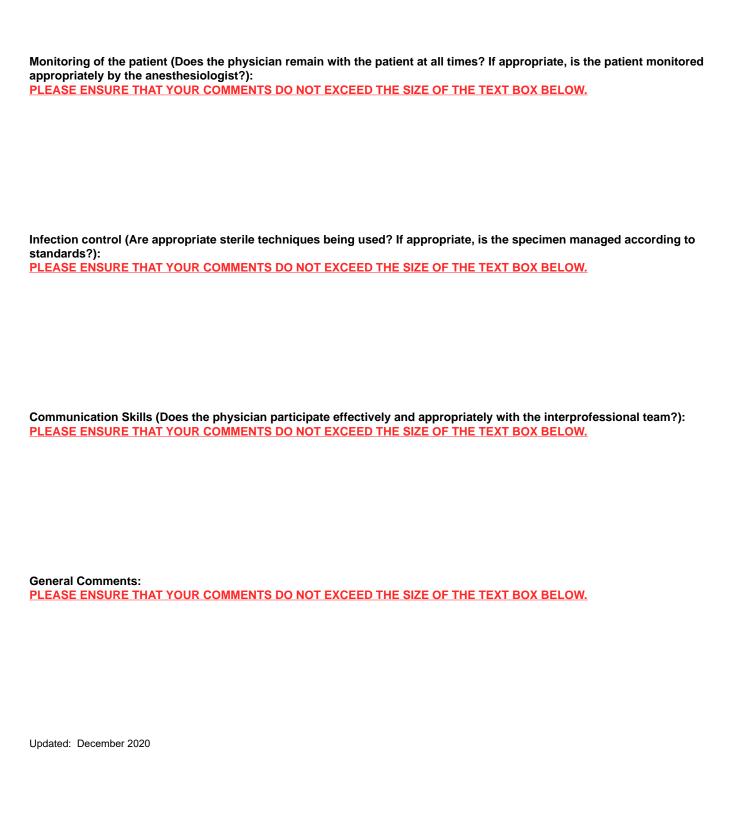
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#4 Patient ID (Initials and Date of Birth):



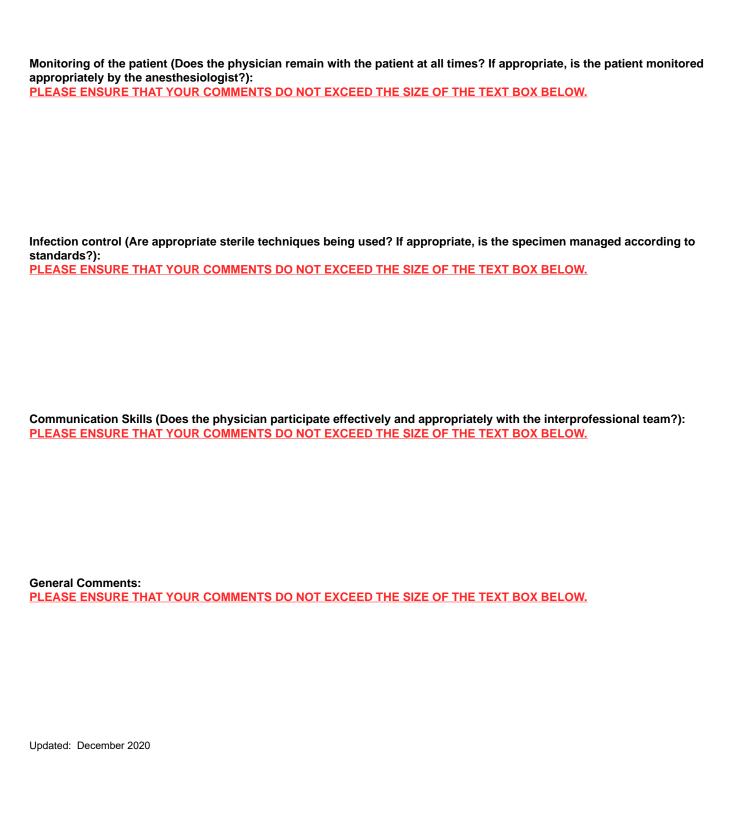
Practice Assessment Report

Clinical Observation Form - Procedural

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Physician Name:
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Practice Assessment Report

Clinical Observation Form - Procedural

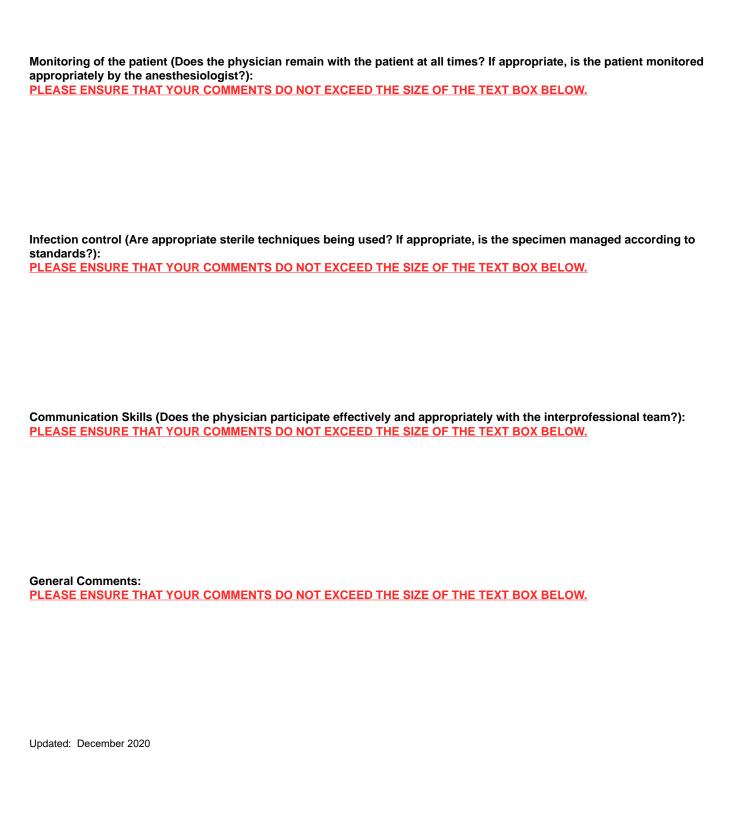
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Physician Name:
#6 Patient ID (Initials and Date of Birth):
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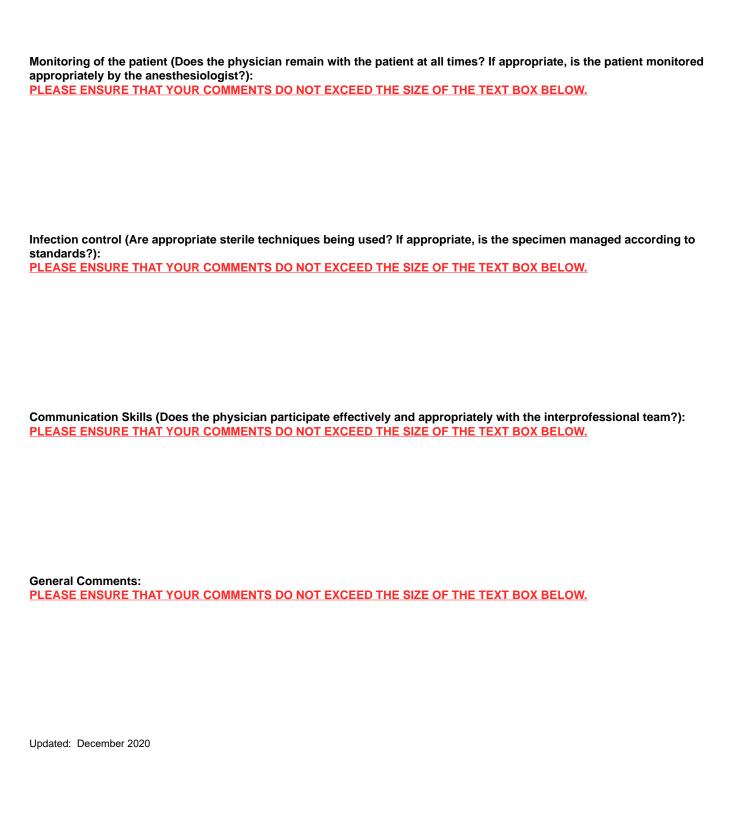
Practice Assessment Report

Clinical Observation Form - Procedural

Please consider the evidence found during the on-site visit regarding the appropriateness of the physician's actions in dealing with each patient.
Physician Name:
#7 Patient ID (Initials and Date of Birth):
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Practice Assessment Report

Clinical Observation Form - Procedural

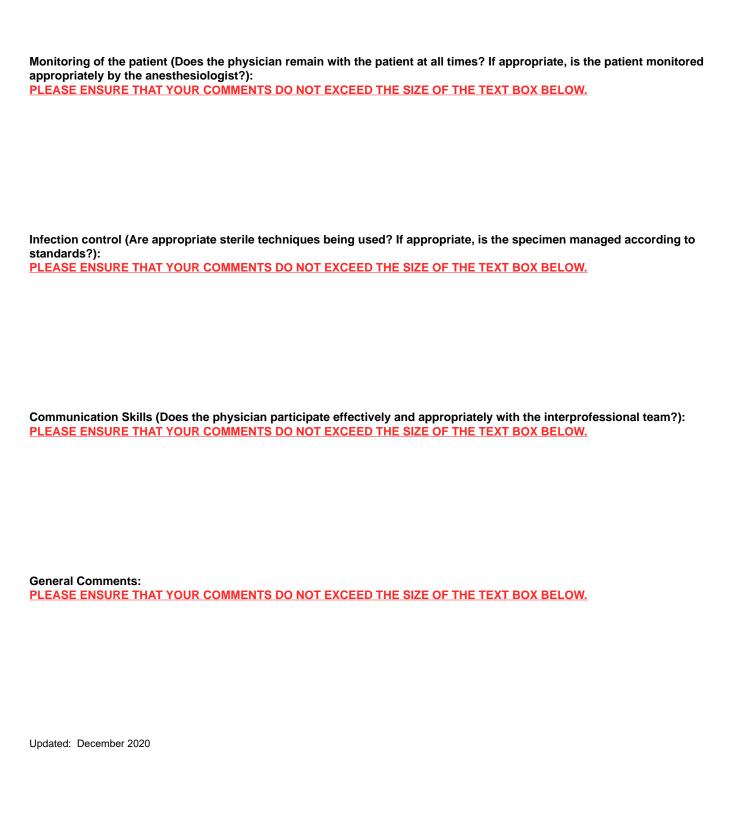
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Physician Name:
#8 Patient ID (Initials and Date of Birth):
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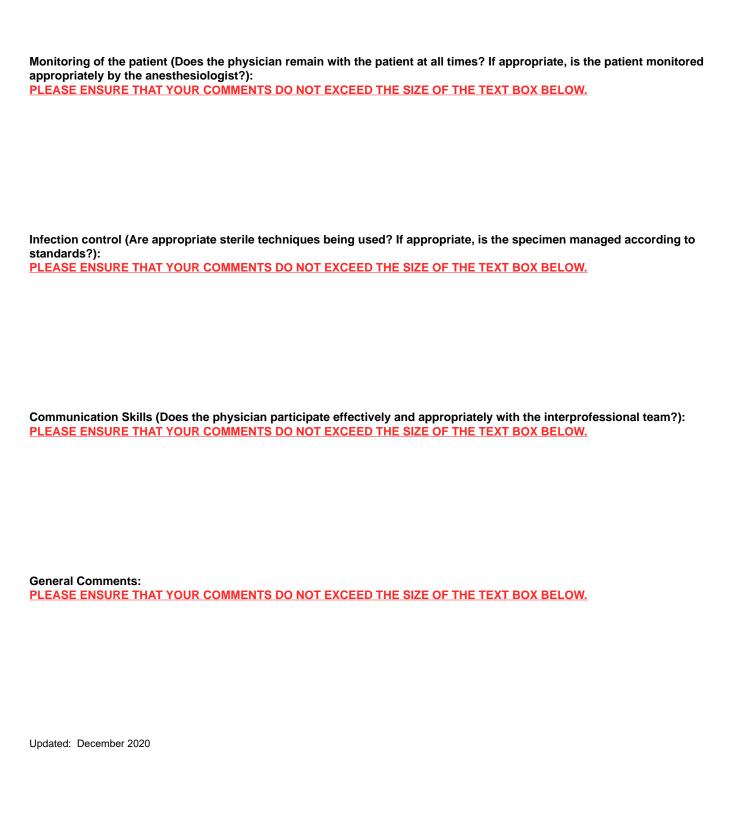
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Clinical Observation Form - Procedural

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Physician Name:
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Practice Assessment Report

Clinical Observation Form - Procedural

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