

# 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

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

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Physician name/  
signature: \_\_\_\_\_

Date: \_\_\_\_\_

CRNP  
name/signature: \_\_\_\_\_

Date: \_\_\_\_\_