



## Medical Record Review Summary

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

Clinic Location (park): \_\_\_\_\_

Total Number of Records Requiring Follow-up: \_\_\_\_\_

Total Number of Records Requiring No Action: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Total Number of Records Reviewed: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_

Returned QI forms reviewed: \_\_\_\_\_