

**Medical Peer Review Assessment Form  
Neurodiagnostics – EEG/EP**

Reporting Physician:					
Peer Reviewer:			Date Completed:		
Type of Study:			Case#:		
<b>Report Completion:</b>					
<b>Assessment Category</b>	Yes	No	Comment		
Demographics correct					
Appropriate indications for testing					
<b>Report Accuracy*:</b>	1	2	3	4	5
Electrodiagnostic impression:					
<b>Recommendations:</b>	<input type="checkbox"/> <b>YES</b> comment below <input type="checkbox"/> <b>None</b>				
Comments:					
Follow-up post recommendations:					

* Grade	Meaning
1	Complete agreement.
2	No clinically significant discrepancy.
3	Discrepancy which may potentially be significant depending on the patient's clinical situation.
4	Discrepancy which almost certainly is clinically significant, and is likely to alter follow-up and/or treatment.
5	Discrepancy which almost certainly is clinically significant, and is likely to alter short-term follow-up and/or immediate treatment.