

**Medical Peer Review Assessment Form
Polysomnography**

Reporting Physician:

Peer Reviewer:

Date Completed:

Type of Study:

Case#:

Report Completion:

Assessment Category	Yes	No	Comment
Demographics correct			
<i>Enter assessment criteria here</i>			
<i>Enter assessment criteria here</i>			
<i>Enter assessment criteria here</i>			

Report Accuracy*:	1	2	3	4	5
Polysomnogram (PSG) impression:					

Recommendations:	<input type="checkbox"/> YES comment below <input type="checkbox"/> None				
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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.