

Nurse Practitioner /Physician Chart Review

Nurse Practitioner: _____

Supervising Physician: _____

Patient Name: _____ **Patient DOB:** _____

Date of Service: _____

CHART REVIEW

- I agree with the diagnosis
- I agree the HPI and ROS were appropriate for the symptoms presented
- I agree with diagnostic testing ordered and/or performed
- I agree with the medications prescribed
- I agree the physical exam performed was appropriate for the symptoms
- I agree with the plan of care

Comments:

Physician Signature: _____

Nurse Practitioner Signature: _____

Date: _____